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CHRONIC INTERSTITIAL NEPHRITIS—ITS DIAGNOSIS AND TREATMENT.*

By E. D. BONDURANT, M. D.,

MOBILE, ALA.

Professor of Neurology and Pathology in the Medical Department of the University of Alabama; Senior Counselor M. A. S. A.

Any intelligent consideration of the diagnosis and treatment of the cirrhotic form of Bright's disease must be prefaced by at least a brief resumé of the nature and causation of this somewhat complicated malady. We find in the beginning that we have to deal, not with a pathologic process located in and confined to the kidney, but with a protean, widely diffused, many sided disorder involving other organs and structures, to the same, or even in some instances, greater degree; a disorder of general metabolism, of digestion, of assimilation, of the circulatory mechanism and of the nervous system, in addition to its essential feature, derangement of the general function of excretion. The clinical manifestations of the disease, as shown in functional disturbance of the other organs of the body, are as numerous and as well marked as are the specific symptoms of renal disorder.

And when we come to study the disease from its pathological side we find the morbid anatomical changes not by any means restricted to the kidneys, but typically and characteristically illustrated in the liver, spleen, heart, blood vessels, central nervous organs, skin connective tissues—in truth, in almost all of the organs and structures of the body. To repeat then, we have in chronic interstitial nephritis a part of a general morbid

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state involving the kidneys along with other equally important structures, the extra-renal disorders bring oft times the primary underlying lesions, the cirrhotic kidney abnormalities following at a later period. The morbid histological changes consist in an increase in the connective tissue elements of the kidney, liver or other organs, the, in pathology so often met with, "interstitial thickening" associated with an infiltration of round cells; these latter derived chiefly from proliferation of the fixed connective tissue cells. The process is very similar to the formation of "scar tissue" and its eventual result is contraction with consequent compression and secondary atrophy of the true glandular structures. The macroscopic result is a shrinking in size of the organ and an abnormal, usually nodular, hardness, typically exemplified in the small contracted kidney and in the "gin drinkers" or "hob nail" liver. In the circulatory system we get, from the same pathologic impress, forms of arterio-sclerosis, interstitial myocarditis, secondary cardiac hypertrophy and, not infrequently, cardiac valvular lesions.

The causes of these widely diffused interstitial thickenings may be summed up in a few words: Toxaemia plus the regressive changes of old age. For our purpose the first mentioned is much the more important.

The toxaemias which are of aetiologic moment are produced by: 1. The direct introduction into the blood of poisonous substances, as in the habitual and long continued use of alcohol, opium, and similar drugs. 2. Bacterial and other diseases, especially such as are chronic or frequently recur; for instance, syphilis, rheumatism, malaria. 3. The overproduction of uric acid and other leucomains, from incomplete oxidation of food materials and other forms of imperfect metabolic change. 4. Intestinal auto-infection—the ptomain poisonings. 5. Defect in excretory mechanism, permitting the injurious accumulation in the blood current of any of the above mentioned poisons.

Contributory although indirect causes are: Overwork of any description—mental, nervous, physical; anything which makes increased demand upon the cardio-vascular apparatus or raises arterial tension. Work, worry, women and whiskey plus a chronic toxaemia of some kind offer sufficient reasons for the existence of chronic interstitial nephritis.

Turning now to a consideration of the clinical phenomena of this affection we find that in its earlier stages the symptoms may be so few, so vague and so indefinite as to altogether escape notice, the progressive kidney disease remaining latent and undiscovered for years, or until some intercurrent acute disease unmasks the renal weakness.

The first recognized intimation is all too frequently an acute uraemic seizure. Careful and complete examination of the patient should,

however, in every instance enable us to recognize the existence of interstitial kidney disease before it has progressed to the danger point.

The anomalies of the urinary secretion being of the greatest importance should first engage attention. In any uncomplicated case the quantity of urine is increased, the color is pale, the specific gravity is low. Traces of albumin are present, and by aid of the microscope a few renal tube casts will be found. One examination of the urine is insufficient for diagnosis; the examination should be repeated from time to time, and a record of the daily quantity kept. Persistent increase in the amount of urine with low specific gravity is of greater diagnostic import than is the discovery of albumin and casts. It is certain that a considerable degree of sclerotic shrinking and interstitial change in the kidney may take place without inducing albuminuria or the formation of casts; but this interstitial thickening cannot develop to any injurious extent without causing an increase in the quantity of the urine and a diminution in its specific gravity. It is scarcely necessary to say that since the albumin is present in such small amount and the casts so few, especial precautions and care in testing and in microscopical examination should be taken. Accompanying the urinary abnomalities are many other symptoms. The patient often complains of irritable bladder, is obliged to get up during the night to urinate, and suffers from thirst. Questioning will now elicit the facts that the patient does not feel so well as formerly; is not so energetic and active, takes less interest in affairs, is wakeful at night, mayhap nervous and irritable, is losing in weight. His complexion and the texture of his skin become abnormal. Examination will discover sclerosis of the radial, temporal, facial and other arteries. The pulse becomes increased in frequency, and arterial tension abnormally high. The heart may show some hypertrophy, and upon auscultation there is sharp accentuation of the second aortic tone. At a later period of the disease cardiac valvular murmurs are frequent. In nearly all cases there are evidences of disordered hepatic function with recurring bilious attacks and other signs of auto-infection. Equally common are forms of dyspepsia, indigestion and other gastric and intestinal disturbances, among the latter a mild but intractable diarrhoea being frequent. After the disease is well established its gravest accompaniments are attacks of acute uraemia, any one of which may prove fatal and each of which leaves the patient in worse condition than he was before. It should in this connection be borne in mind that many of the recorded symptoms of interstitial nephritis are symptoms of the secondary parenchymatous disease in the kidney, not of the uncomplicated cirrhosis—i. e., the symptoms of acute and chronic uraemia. At the

times of occurrence of acute uraemic manifestations the urine may show a rise in specific gravity, a diminution in quantity and great increase in the amount of albumin and number of casts.

Other complications, less frequent than uraemia are: Forms of acute or chronic mental disturbance; neuralgia and other painful affections, hemorrhagic apoplexy; tinnitus aurium; vertigo, epistaxis and forms of neuro-retinitis leading to impairment of vision ("retinitis albuminurica.") In late stages, when the heart's action is becoming enfeebled oedema commonly appears, and if the liver be much involved an ascites may be expected.

The course of the disease is chronic and a patient may live in tolerable although enfeebled health for years, to eventually die of some acute disease or even of old age. The usual result, however, is a grave impairment of physical and mental powers, partial incapacity for work, a largely increased liability to death from any intercurrent attack of acute disease, greater danger of cerebral hemorrhage, danger of early and complete mental breakdown, and, in general, a marked shortening of the expectation of life. Complete recovery is unknown.

The diagnosis of the disease is made from a recognition of the essential symptoms, above mentioned, the occurrence of any one of which should be regarded as suspicious. In a person of middle age the presence of a high tension pulse, some sclerosis of the arteries, a heart apex displaced to the left, accentuated second aortic tone with a urine increased in quantity, diminished in specific gravity, and containing a trace of albumin and a few renal tube casts affords unquestioned ground for the diagnosis of chronic interstitial nephritis. The existence of a general arterio-sclerois is strong presumptive evidence of renal sclerosis, even should there be no other symptom. A well marked arcus senilis is rarely seen, save in connection with these general interstitial changes. Patients who suffer from pulmonary emphysema or from chronic endocarditis should always be examined for a possible renal complication.

Since the disease under consideration is incurable, the best aid a physician may give is in preventing the occurrence of the diffuse fibroid thickening which constitutes the essential feature of the malady, and in arresting in so far as may be possible, the progress of the affection after it has once become established. It has been aptly said that we should treat the patient, not the disease. In the matter of prophylaxis, the means suggest themselves immediately upon an enumeration of the chief causative factors, that is, have every patient avoid those things which lead to the production of a toxaemia.

Interdict the use of alcohol and injurious drugs; treat syphilis, rheu-

matism, malaria, or any dyscrasic state as indicated. It may be necessary to insist upon a change of occupation in the case of painters and other mechanics who suffer from the toxic effects of lead, mercury, arsenic, etc., as used in the arts. Timely removal from a malarial district may save one from chronic interstitial kidney troubles in later life. The evil effects of overwork, worry, anxiety, domestic and business cares should be done away with when possible. And in general, the rules of hygiene and common-sense should throughout life be exercised by one desiring to live out his allotted span of existence free from the ills of interstitial nephritic disease

Coming more particularly to the treatment of the individual suffering from this malady, the importance of proper regulation of the diet will at once suggest itself. Overeating and in particular the ingestion of unnecessary amounts of introgenous food, leads inevitably to gastric and intestinal auto-infection, imperfect or incomplete metabolism with formation of poisonous leucomains which needlessly irritate the renal epithelium, besides making more work for the excretory organs in general. The amount of food taken should be no greater than is needed to maintain the functional activities of the organism. Alcoholic beverages should as above said be forbidden. Lean meat should be taken sparingly, if at all. Fish, fowls, oysters, farinaceous foods, fruits and green salads with milk if desired, and a limited indulgence in tea, coffee and cocoa, will suffice for all purposes. A dietary ordered along these lines with moderate exercise and not too much work and worry will enable a man, even if suffering from a considerable degree of cirrhotic disease to live many years and do good, continuous work. The prescribing of a rigid "milk diet" as has been the custom with some, is unnecessary and often harmful, save in times of acute uraemic disturbance.

Patients should be encouraged to drink freely of water; any pure water will answer, the much advertised mineral spring waters possessing only the advantage of mental and moral effect upon the patient plus rest and change of scene if taken at their respective sources.

There are no drugs which possess any direct curative value in the treatment of this condition although active medication may be called for by some of its accidents and complications.

In all cases it is important that the excretory activity of the bowels and skin be maintained. An occasional laxative—an alkaline laxative water very useful—should be given. In our climate calomel at intervals will add materially to the comfort of life and sometimes drive away threatening uraemic symptoms. A daily warm bath and an occasional Turkish bath are recommended.

Intercurrent uraemic seizures are to be treated in all respects as are the uraemic attacks of acute Bright's disease, by active purgation (calomel and compound powder of jalap) the use of diuretics, such as infusion of digitalis; the production of active diaphoresis; and, when the case is urgent, blood letting followed by the intravenous injection of normal salt solution.

Other measures which may be called for are: Digestants and bitter tonics where there is gastric disturbance; iron if anaemia is present; heart stimulants—digitalis or other, when dropsy and cardiac weakness supervene. The cautious use of nitro-glycerine is called for when danger threatens from high arterial tension.

This condition has not escaped the wave of organo-therapeutics which has from time to time threatened to engulf us, and the administration of fresh sheep's thyroids and of thyroid extract has been lauded in some quarters. An extract of the fresh kidneys of pigs and other animals has also been employed with alleged benefit.

In conclusion, I would say again, that in chronic interstitial nephritis we are contending with the effects of chronic toxaemia upon not the kidneys alone, but many other organs as well, the essential condition being not the local manifestations in the kidneys, but the general pathologic state of toxaemia with its secondary and diffuse fibroid interstitial changes; that these states of toxaemia are to a great extent preventable; that the best results in the treatment of the disease are obtained not from the administration of drugs, but from regulation of habits of life—eating, drinking, working, etc.—along hygienic lines, the chief role and function of medicines being the treatment of the complicating systemic disorders.

THE PERNICIOUS VOMITING OF PREGNANCY.

By M. B. Cameron, M. D.,

SUMPTERVILLE, ALA.

Senior Counselor Medical Association of Alabama.

In the treatment of this subject, I shall only consider that form of hyperemesis which is persistent, grave and in which the stomach seems rebellious to every fluid or solid ingested. We have in almost every pregnacy a mild type of vomiting and morning sickness that yields readily to hygienic or medicinal treatment; but the pernicious type of vomiting is a disease so rare that its existence has been denied by some noted men in the profession. Hohl, of Germany, denied the existence of the affection, and Carl Braun in an experience of one hundred and fifty thousand obstetrical cases, never saw a fatal termina-

tion. The experience of American, English and French physicians has been quite contrary to this, as Doe, of this country, collaborated forty-eight cases with eighteen deaths; while Gueniot records 118 cases with forty-six deaths, which is quite an appalling fatality.

Recently three cases of this disorder having come under my observation, one of which recovered under the administration of drugs, the production of abortion saved another, while the third died from exhaustion and toxemia, because consent for operative interference was delayed too long for it to be performed, has led to the preparation of this paper with the hope of directing the attention of the profession to a serious malady in which surgical relief is often too long delayed.

The etiology of this trouble is shrouded in mystery, and there appears to be no definite consensus of opinion as to its causation. In all three of my cases there was a highly sensitive nervous system. One was a hystero-epileptic, suffering with repeated attacks, often of long duration, with a grand ancestor choreaic in the extreme. Another was hypochrondriacal, with frequent hysterical manifestations, and a decided vaginismus. The third case was a negress with a nervous system much more impressionable than her race generally have.

This leads me to believe that the hysterical type are much more prone to this trouble than those with healthy nervous systems. Graily Hewitt, long ago, was led to believe that uterine displacements were fruitful in producing this affection. His idea was that the nerves of the cervical ganglion were pinched at the angle of flexure, or compressed by the inflammatory changes in the form of the womb. As a matter of fact, we know that pathological positions of the uterus are productive of nausea and vomiting in a non-gravid state, especially is this true when there is an inflammatory condition; hence it is easy to suppose that the additional excitant of pregnancy would intensify the disposition to this trouble. Trombly has recently reported a fatal case which illustrates that displacements and faulty positions of the pregnant uterus that retard its rising up out of the cavity of the pelvis and press upon the cervix, are more often the cause of excessive vomiting than has been generally supposed; and H. S. Knight reports a case rapidly progressing to a fatal termination, which was relieved by the correction of an anteflexion by a soft rubber pessary and packing the vagina. E. P. Davis supports this etiological factor in a recent contribution to the American Journal of Obstetrics. He says that "in a considerable number of these cases the uterus is sharply ante-flexed and the cervix greatly thickened. In other cases the womb is retro-flexed or retroverted."

While yielding to the fact displacements are co-existent with perni-

cious vomiting, and appear causative, yet it must only be a contributory factor that twangs the tense chord of the neurotic.

In the cases I have met with, and in the cases of many others who have contributed to the literature of the subject, no abnormal position of the uterus was detected, so it cannot be accepted as the sole factor in the production of pernicious vomiting. J. H. Bennett has directed attention to pathological conditions of the vaginal inflammatory states, and especially exarations and erosions of the external os, in their casual relation to this disorder. The great relief experienced sometimes from the local treatment of erosions, and by divulsion of the cervix appear to bear out this idea. One of my cases had previously passed through her first pregnancy without much discomfort from nausea. In the second pregnancy she had pernicious vomiting from the second month. Upon the introduction of the speculum for the purpose of dilating the cervix, the os was found very much eroded and inflamed. Local treatment and dilation of the cervix gave almost complete relief until an attack of influenza, attended with severe atitis-media, re-established the trouble with all of its distressing rigor. Examination of the blood by some investigators of this subject has established the fact that there is a profound toxemia. The red blood corpuscles are decreased in number and there is a decided leucocytosis, the urine often showing evidences of the intoxication by its high color, specific gravity and albuminuria.

Evidently the toxins, of whatever nature they may be, are absorbed from the intestinal canal, circulate in the blood, and show a great affinity for the vomiting center of the medulla. This vomiting center has been located by Tumas, "from experiments on cats and dogs, in a small space before and behind the calamus and in the deep layer of the medulla, near to or in close communication with the center which, by inference, preside over the organs of generation." Here we have a double reflex action from the two centers involved; the one by its action on the nervous system, the other through its reflex action on the uterus tending to increase the production of the toxemic substances. Intra-pelvic pressure is evidently responsible for some of the manifestations of this trouble, as it very often subsides when the uterus rises out of the cavity of the pelvis. Whether it be from its effects upon the nervous or circulatory systems it would be difficult to tell. Pressure upon the nerves would very probably excite an already tense neurotic condition and produce an explosion. Manin believes that this disorder is due to abnormal gastric secretions, and treats his cases very successfully with bicarbonate of soda. A pre-existent gastritis or gastric ulcer, or intestinal catarrh is doubtless rendered much worse by the pregnant

state with vomiting, but it hardly could be convicted of originating the trouble.

The diagnosis of pernicious vomiting in pregnancy apparently seems easy, but that it is sometimes very difficult no one can doubt. A positive conclusion that pregnancy exists by bimanual examination is, of course, imperative. No opinion should be given, no treatment institu ted until this has been done. Satisfied on this point, we have to eliminate some other serious troubles that might co-exist that might give rise to the vomiting. "Cayeaux gives the history of a fatal case of alleged hypemesis of pregnancy in which the autopsy disclosed tubercular peritonitis and the absence of pregnancy. Trosesseaux induced abortion in a case in which the autopsy revealed cancer of the stomach. Beaux made a similar mistake in which a post-mortem examination showed tuberculosus meningitis." Also cancer of the liver has been found as the probable origin of the vomiting. The special diagnostic features of all these diseases should be carefully sought for, and when eliminated we may rest secure in our diagnosis.

The treatment of this disorder is surrounded by all the mists of empiricism, and the long list of remedies is suggestive of the small amount of benefit. The classification of treatment may be conveniently done by dividing it into hygienic, medicinal, and surgical.

The hygienical management is very important, and upon the strict observance of proper rules of conduct and diet, given by the physician, depends a successful termination. Absolute rest in bed in a darkened room, with the head on a lower plane than the body, should be constantly observed. The head should not even be raised to take food or drink, but they should be administered through feeding tubes. Perfect quiet should be enjoined, and the absence from the room of all inquiring friends or meddlesome mothers, who have gone through mild cases of morning sickness, must be demanded. The diet should be liquid; nothing but peptonized milk or beef juices, in conjunction with lime-water, should be administered. When this is constantly rejected, with continuous nausea and retching, we are forced to resort to rectal feeding in order to support life and preserve the strength of the patient. From two to four ounces of peptonized milk, at the temperature of the body, should be administered per rectum every four to six hours. The peptonized milk given this way has proven quite satisfactory in my hands, and I succeeded in sustaining the strength of one of my patients for nearly four weeks by its administration. It requires considerable tact and perseverance to properly feed a patient by the rectum for a long time, and wherever the circumstances will admit of it, the services of a trained nurse should be employed. These enemas should be given

high up in the rectum through a large size soft rubber catheter, with the patient in Simms's position, and the external amus should always be compressed for a few moments after withdrawal of the catheter. The syringe should be of hard rubber, with piston, of about four-ounce capacity. The action of the skin, kidneys and bowels should be closely watched, and appropriate remedies employed with the least sign of failure of either. In the administration of drugs for the relief of this trouble we are almost certain to meet with disappointment, no matter what therapeutic route we travel. Carbolic acid, bismuth, cocaine, oxalate of cerium, nox vomica, pepsin preparations, the much vaunted ingluvin, and a host of other preparations have signally failed in my hands. In hyperemesis of moderate degree, they seem to have a curative effect, but in pernicious vomiting they are not only useless, but aggravating. Chloral and potassium bromide are the only medicinal agents that have merited employment in my hands. One of my cases gradually improved from their administration, and finally recovered when I was on the verge of emptying the uterus. They should be given combined, by the mouth, if possible, but if not retained the dose should be mixed with starch water, or glycerine, and used as an enema. Subcutaneous saline injections are strongly recommended by Bacon upon the grounds that it dilutes the blood, increases vascular tension and eliminates toxins through renal and intestinal emuctories. In those cases of purely toxemic origin its indication seems ideal. It should always be a preliminary measure to the rapid emptying of the uterus when there is marked emaciation or weakness.. Washing out the stomach may be tried in the earlier stages of the disease. J. P. Oliver, in a recent publication, reports the relief of a serious case by electricity. He alternated with the negative and positive pole up and down spinal column and stomach. I want to warn the profession against the use of morphine in this trouble. It is a delusion and a snare. A delusion because the relief is temporary and fleeting, and a snare in that it induces you to continue its use, hoping for better things, until at last you have fettered an existence that the surgeon's table would have promptly cured. I have been twice lured into its employment, yielding, with protests to the appeals of the patient, who refused surgical intervention. Death, with all of its sadness and grief, closed the scenes in one case, while another consented to an operation after weeks of opposition, and is now fighting the great battle of supremacy, which few win. I think every physician should promptly retire from a case which, in his opinion, coincided in by that of a consultant, calls for the induction of abortion, and such advice is rejected by the patient, in the hope that she may be tided over the crisis by the use of morphine.

We now come to the surgical treatment of these cases. First, all uterine displacements should be sought for and corrected, and we must do this in the most gentle manner possible. The soft rubber pessary with thorough packing of the vagina will be as harsh means as we are justified in using. The proper treatment of erosions with application of pure carbolic acid and iodine, with vaginal flushings with hot water is often beneficial. The divulsion of the cervix, about one inch antero-posteriorly and half an inch laterally has often in the hands of some, been entirely remedial.

After employing all these measures there are cases that show no relief. The vomiting and retching continue; the rectal food is expelled or insufficient to sustain the strength of the patient; the pulse is rapid and weak; the respiration frequent; albuminuria is ofter present, and progressive emaciation may exist. Confronted with a condition of this kind the physician has to meet with the most serious responsibilities to which the profession is subjected. He must rise to that heroic devotion to duty that leads him to advise the loss of the life of the unborn babe to save that of the mother, or he must sink that criminal apathy that surely means the loss of both lives. There are a few who hold that the production of abortion in this trouble is never justifiable. They seem to think that because some recover without operation, after being desperately ill, that all will do so. They lose sight of the numerous deaths that annually occur from pernicious vomiting. Bacon says "that the production of abortion is never indicated, that when it is safe and efficient it is not necessary, and in extreme cases it adds greatly to the danger." If he had been in charge of two of my cases, I would with reluctance be the carrier of his conscience.

It is criminal to wait until the patient is moribund to resort to the operation. Whenever food is not retained by the mouth or rectum, when the pulse continues over 110, when there is much emaciation, when there are profound alterations in the blood, the uterus should be promptly emptied.

How shall the uterus be emptied? In those cases where there is sufficient vitality the rapid method is certainly preferable. Under the strictest aseptic conditions, the patient being chloroformed, the cervix is widely dilated with steel dilators, the foetus and membranes are removed with the fingers or instrument, and the decidua or placenta scraped away with the sharp curette.

The uterus should then be washed out with hot sterilized water and thoroughly packed with iodoform gauze. The gauze should be removed within fourteen hours, and the vagina douched with an antiseptic solu-

tion. When there is marked depression the slow method is better. My method of doing this operation is to slightly dilate the cervix, rupture the membranes, and introduce within the womb a soft rubber catheter that has been boiled for fifteen minutes, then securely pack the vagina to guard against hemorrhage. Usually the foetus will be found expelled from the uterus upon removing the packing in twenty-four hours. By rupturing the membranes the patient appears to suffer with much less pain than when they are left intact. If all the placentae or deciduous mass is not thrown off at the time, the foetus and membranes are expelled, the vagina must be kept packed and ergot given until the uterus is thoroughly empty.

Delay is dangerous, and I appeal to the profession to come to the woman's aid when the danger signals are hoisted, and wait not for the catastrophe to occur with all of its lamentable results.

FEVERS.

By M. C. Schooler, M. D.,

CENTERVILLE, ALA.

The subject of fevers is one of such wide latitude that I hardly know just how to begin this paper or just where to leave off. I have decided, however, to present briefly some views upon the more prevalent types of fevers of the county which have occurred during the past year. From reports of doctors in the various sections of the county, it is gratifying to chronicle the fact that typhoid fever was not nearly so prevalent during 1900 as for several years prior thereto. There have been some cases, of course, but so far as I can learn there has been no widespread epidemic, nor no great number of cases in any particular locality. There are always more or less attacks from this fever in the northern portion of the county in the mining region every year. Also, so far as my information extends the treatment, which has been in the main, supportive and careful nursing, has resulted favorably in the great majority of the cases. If the Board of Health of the county was clothed with sufficient authority to enforce necessary hygiene and sanitary measures, typhoid fever would soon lose much of its dreaded terror. By necessary preventative measures, which can only be directed and enforced by the physicians of the community, this disease with all its direful consequences and sequelae could be almost entirely eradicated from any community. But the short-sightedness and narrow-mindedness of a certain body of men, who alone have the authority to clothe the Board of Health with this power, will, I am afraid, prevent the early consummation of this much to be de-

sired condition. It is a lamentable fact, that the common people will not be sufficiently aroused to the importance of enforcing laws of sanitation in themselves. They must be forced to enforce them, even for their own protection and safety. Then whose duty is it to look after the health of those people? Most assuredly, it is our duty; then give us the means to do it and I will guarantee it will be done well and properly. Our people need a campaign of education along this line, and until they are educated up to the importance of the subject we must content ourselves with doing the best we can with the limited means at our command.

The reports show conclusively that during the past year, fevers of malarial origin have largely predominated in this county. The prevailing types being the intermittent and remittent—a fact worthy of mention is, that several sections hitherto exempt from these fevers suffered greatly during the summer and fall of 1900. In my own practice, I found in two different localities that we had what might almost be termed an epidemic of intermittent fever during the months of July and August, and singularly enough the people in those places had never suffered from this particular disease. Some of the inhabitants had lived there all their lives and yet when attacked by the characteristic initial chill were so alarmed they would send post haste for the doctor. These localities were out in the hills, entirely away from swamps or running streams. The water apparently pure, and with no apparent cause for the fever from any local point of infection, so far as could be ascertained. Another thing noticeable was, that in the swamps and on the river and creeks where ordinarily chills and fevers are very prevalent during this season of the year, they were even less numerous and of a milder type than heretofore. Why this was the case I am unable to explain. As an instance, during the summer and fall of 1899, the town of Centerville suffered greatly from the ravages of malarial fevers. There were quite a large number of cases of continued malarial fever and numberless cases of intermittent and remittent fever, but during the same season of 1900 the town was comparatively exempt from these fevers. In the surrounding country contiguous to Centerville and for ten or twelve miles especially in the hill country the fevers raged. A fact worthy of mention was the entire absence so far as I am advised, of that terribly fatal malady known as "Homorrhagic Malarial Fever," or "Haematuria," during the year 1900. This particular type of the disease was quite common in the southern portion of the county a few years ago, but happily, it has been occurring with remarkably decreased frequency for several years past, with not even a single case for 1900. This is one of the many types

of malarial fevers in which the mortality is always high. It generally occurs in persons whose systems are thoroughly impregnated with the germs of malaria from a long and continuous residence in a region heavily charged with the poison or in persons removing from a healthy non-malarial community to a malarial district. It is a source of gratification that our county has been free from this trouble for a year or two past. Bilious remittent fever has, perhaps, prevailed to a greater extent than any other, with the possible exception of the intermittent. This form of malarial fever has been common in all sections of the county and to some extent at all seasons of the year. In the majority of cases its course was not over fourteen days. In a great many cases it was controlled by proper medication, so that the full course of the attack was not over seven days. In some cases it run three weeks and in exceptional cases, assumed the adynamic condition and to all intents and purposes became typhoid fever.

One form of the malarial fevers which has given the doctors, especially in the southern and western portions of the county, a great deal of trouble, is that hybrid disease, generally known as typho-malarial fever. A fever partaking of both typhoid and malaria, a sort of combination of the two diseases. In my experience and from my observation, this disease usually begins as a distinct malaria, usually an initial chill accompanied by and followed with a high temperature. There is no return of a distinct chill, but there are frequent chilly sensations lasting a variable length of time from a few moments to a half hour or an hour, and sometimes even longer. Frequently the fever seems to yield to quinine and the other anti-malarial treatment at first, but the temperature hardly ever reaches normal, and then there is a gradual rise of temperature, reaching usually 102° to 103°, sometimes higher, there is generally a morning remission and evening exacerbation. This course is kept up for two, three or four weeks. Towards the latter part of the course it resembles more and more the typhoid. Rarely does the patient suffer from the common symptoms of bilious fever, such as nausea, headache and the general aching of the back and extremities. Careful nursing and supportive treatment, guarded diet, etc., are the essential points in managing these cases. Authorities differ as to the advisability of administering quinine in typho-malarial fever. It has appeared to me to be useful to some extent in the early stage of the disease, and is probably serviceable in tonic doses throughout the entire course of the disease. One of the most alarming symptoms met with in this fever is the hemorrhage from the bowels. This frequently occurs and is often the cause of fatal termination of the

case. Epistoxis is also quite frequent. Since writing what I have on hemorrhagic malarial fever, I have met with a very interesting case, which, with permission, I will mention. The patient, a negro man about 35 years of age, lives at a small station on the railroad, seven or eight miles fromCenterville. He wired me to come up to see him. I found him in quite a serious condition. The woman attending him told me he had been under the treatment of a physician who had discharged him the day before, telling her that he was all right and would be up in a day or two. The man had pneumonia. Nearly the whole of the left lung was solidified. He was coughing up the characteristic sputa, and a considerable quantity of fresh blood. His nose bled profusely and repeatedly for several days. In connection with the pulmonary trouble, he had a typical case of hemorrhagic malarial fever. His tongue was heavily furred with a thick grayish white coat. He was having frequent hemorrhages from his kidneys, passing large quantities of blood and some urine with it. His temperature was 104 1-2 to 105 1-2°. His voice was husky and his expression anxious. He had been sick only a few days, yet he looked like a typhoid fever patient the fifth or sixth week. He was taking no nourishment, and suffering intensely, not sleeping at all. I relieved the pain with a hypo of morphine and put him on treatment, not expecting, however, to do him much good. But on my next visit, I was much gratified to find him in better condition. He improved slowly, and is now out of danger, and think with proper care and prudence, will have an uneventful recovery. I mention this case because such cases are of very infrequent occurrence. I had never seen a case of hemorrhagic fever complicated with pneumonia nor vice versa.

Concerning the prevailing fevers of the county, I notice one thing that is unusual. At least unusual for the past twelve or fifteen years. That is the very frequent occurrence this season of intermittent fever during the winter and early spring. We rarely have malarial chills and fever here in the winter unless it is an old case holding on from the previous summer and fall. But this winter we have had quite a good deal of this kind of sickness in my section of the county.

I am afraid it is an indication of much sickness of this nature during the approaching summer. The mildness of the past winter, however, may account for it.

Mr. President, I shall ask your indulgence in regard to this paper. Please overlook its shortcomings, and I will promise to try and present to the society a more interesting paper some time in the near future.

VERATRUM VERIDE.*

By A. E. Meadow, M. D.,

BLOCTON, ALA.

My subject, perhaps seeming insignificant to many, is chosen because of the importance it should have in the physician's armamentarium, and in my attempt to present this subject I ask you to spare your criticisms as much as possible. As I am an amateur in writing for medical societies or even on medical topics, what I present is from actual study and experience with its use at the bedside.

The testimony of physicians who have used the drug is that it is not always an easy matter to find a reliable article. It would be well to test it on a healthy subject and be sure of its effect before we are called upon to prescribe it.

It has been my custom and that of my associates to use Norwood's tincture unless we have tried other preparations that we may have on hand.

When Veratrum is needed we have no time to lose in experimenting.

Its action I present in this way: By its effect on the nerve centers it causes a paraylsis of the circular muscular fibers, and the involuntary muscles, diminishing the resistance of the capillaries, giving a free flow of the blood to and from the extremities, the resistance of the capillaries being diminished, the leucocytes are carried on with the current and are not thrown out to obstruct circulation as freely as otherwise and cause congestions, and inflammations, and gives a free distribution of the blood to all parts of the body. The patient, so to speak, is bled within himself. Respirations are deeper and as a consequence the blood is more thoroughly oxygenized. And the excited nervous system relieved.

We will, therefore, find it useful in congestions of any part of the body. Inflammations are relieved by its relaxing influence upon the capillaries. We would expect to find it particularly suited to the treatment of the lungs, meninges and bowels on account of the intricate capillary network. Also the skin as in erysipelas. By its paralyzing effect on the muscular system we have relaxation of the muscles in convulsion, spasmodic conditions in general, and eclampsia. Its effect seems more marked on the plethoric than the cachectic or aenemic.

As to the administration, it appears to me, from my experience, necessary to give it in sufficient doses and at such intervals as to get its full effect, as under the circumstances suits the individual case. When conditions are urgent, as in eclampsia or spasms, the full dose

*Read before the Bibb County Medical Society, April 2, 1901.

may be given hypodermically, from four to fifteen drops, and repeat from half hour to an hour till the desired result is obtained. Patients have been known to take a teaspoonful without serious result, yet such doses are not recommended. In such large amounts the stomach seems to throw it off before any harm is done.

In cases of eclampsia which I call to mind, the doctor ordered ten to fifteen drops every three to four hours for several days. The spasms—of a hysterical nature—continued till the nurse became impatient and gave a teaspoonful. The patient, though in her ninth month of pregnancy, after vomiting for three or four hours, went off into a sound sleep, and was up next day for dinner. She went on to the end of her pregnancy without further trouble. The first symptom usually noticed is its effect on the pulse, causing a diminished pulse rate, being slow, soft and full, closely followed by nausea and vomiting. The vomiting is first preceded by nausea, then come the contents of the stomach, followed by a retching and severe straining, vomiting but little mucus at short intervals, with but little pain or griping. The bowels are often affected, producing a free watery diarrhœa. Patient usually prostrated and stupid.

THERAPEUTICS.

Meningitis.—The various forms of meningitis are controlled in the first stage. The spasms and spasmodic conditions are relieved, and it is one of the first and best remedies in these troubles.

Pneumonia.—Its usefulness in this disease is equaled by no other remedy—especially in plethoric subjects. In the early stage will often abort the attack in twenty-four hours. Many times have I seen typical cases yield in that time, and were it not for the well defined conditions I would have been tempted to say I was mistaken in my diagnosis. During the past two weeks I have had a beautiful illustration of the wonderful effects of this drug in pneumonia. A child two and a half years old was taken on Friday morning with what was to all apperances a case of croup. Fever arose in the afternoon and night to 104.2°. The croup symptoms had subsided by Saturday morning at 8 o'clock; pulse so fast I could scarcely count it—160 or more; respiration about 60; great oppression. Began treatment with three drops, then one and a half drops every two hours. At 4 p. m., temperature 103°; pulse 84. Treatment continued. At 9:30, temperature 101.4°; pulse 72. Had vomiting spells occasionally. Ver. V. every three hours, 1¼ drops. Sunday morning, pulse 60; temperature 100.4°. Child cheerful and in every way better. The respirations did not come down in proportion to pulse and temperature, but gradually improved. Sunday night, child pronounced out of danger, but Verat. continued, though less frequent. Monday child reported well, and went to breakfast.

This was one of the most remarkable cases I ever saw. It was enough to convince any one of the wonderful effects of this remedy in the treatment of pneumonia.

I read, just the past week, an article on pneumonia by Dr. Thos. R. Brown, of Baltimore, before the Clinical Society of Maryland, with comments by Dr. Osler and others, in which they acknowledge their weakness in the treatment of this disease, and giving their percentage of mortality at 24 per cent. They never once referred to the use of Verdt. Vir., but try to laud the pneumo-toxine or anti-pneumococcus serum treatment. Yet they are not able to satisfy the profession that there is any more virtue or better results than they have obtained from the old-time treatment, but express a hope that by hydro-therapeutic measures the mortality may be lessened.

Now, I claim that unless there is already a weakened state from other conditions, as grip, tuberculosis or protracted fevers, veratrum viride, when judiciously used, will give such results that no one hesitates to say it is wonderful, and the mortality very much lessened, even in hospital practice.

You may be disappointed at times in treating cachectic or weakened individuals, but never in plethoric ones.

I could recite numerous cases, but think I have said enough to impress it on you. I usually instruct nurses to watch the pulse, and if they don't understand it, then to omit a dose in case of nausea, and should fever subside give less frequent.

One very important point is to hold the pulse down at a very low rate. In a majority of cases we visit but three or four times, and in one-half the remainder four to six days. Our mortality has been remarkably low.

In protracted cases it has been our custom to continue the veratrum through the second stage, to prevent further invasions.

Next of importance, I may add equally as important, is eclampsia. The writers on obstetrics have never seemed to realize the virtues of this remedy in the treatment of this dreadful condition. A few of the late writers mention it, but no one particularly emphasizes the importance of it. Given hypodermically from ten to fifteen drops during an attack, and from four to six drops every two to four hours after the attack to prevent a return. Try it and become convinced. Its prompt action surpasses chloral, morphine, chloroform or anything else I have been able to give. Watch the pulse and keep it under control. Repeat when necessary.

In the treatment of children it is a valuable remedy, often called for, and has no substitute equal in the treatment of spasms and congestions, of head, stomach and bowels. In Entero-colitis in which there is a

tendency to meningeal troubles you will find it a great remedy.

With every cold where the child has high fever and threatened spasm, give veratrum veride.

Since the pneumococcus lanceolatus is found in cerebro-spinal meningitis, you will find it your friend in the treatment of this disease.

Again, in the puerperal fever, given early, you can reduce the fever and hold it down by pushing this remedy, and you will have the satisfaction of seeing your patient improve as under no other remedy (together with local measures that are necessary in all cases).

Caution.—I would have you understand that this, as any other remedy, must be judiciously used. It is not a "cure-all." The dose must be regulated according to the age, size and condition of patient. Adults will take two to four drops every two to three hours without disturbing the stomach. I seldom begin with more than four drops for the first dose and then give less—two or three drops—every two to three hours, as the case may require, but in every instance my object is to reduce the pulse to 70, 60 or 50, as the case may require. Children, in proportion to age and size, from one-half to two drops.

ACUTE LOBAR-PNEUMONIA.*

By J. U. Ray, M. D.,

WOODSTOCK, ALA.

This is an acute general disease characterized by an inflammation of the vesicular structure of the lungs with an exudation into the alveoli which renders them impermeable to air—a condition called "hepatization."

In well defined cases we have three stages: First, congestion; second, consolidation or red hepatization; third, gray hepatization.

In most cases this invasion is sudden and ushered in by a distinct chill, followed by a rapid rise in the temperature and accompanied by pain in the side, which is aggravated by coughing and by deep inspiration. The breathing is accelerated, there is dyspnœa, cough and expectoration. The countenance is flushed and anxious; headache, loss of appetite, and intense thirst; urine scanty and highly colored; bowels constipated; tongue coated; respiration increased and varying from thirty to eighty per minute. Dyspnœa, though frequent, is not always constant. The pain is usually under the nipple of the side affected, but may be directly over the pneumonic spot. Cough is present in the majority of cases. and at first it is short and hacking in character.

The expectoration is characteristic. During first forty-eight hours

*Read before the Bibb County Medical Society.

simply frothy mucus, gradually changing to a thick, tenacious character, and about second or third day to the brick-dust or rusty colored sputa—the kind that some writers insist must be present before you are certain you have a case of pneumonia to treat.

In children, the sputa symptoms may be absent, except that you may find "brick-dust" masses in the vomited matter.

Just here I wish to call attention to the pain as described by children with pneumonia. They will invariably complain of pain in their stomach, and I think it worthy of note to call your attention to this, for it may save you some anxiety and trouble, for if you happen to be in a hurry and want to know of the parent "What's the matter with the child," they will tell you it just commenced crying and had a "fit," and when "it come to" it said its stomach hurt, and they just know it is "the poor little thing's" stomach, for every time it coughs it holds its stomach and cries, and Mrs. So-and-So said she believed it was worms, because her ma said when she was a child she had a "fit," and it was because she was wormy.

Now, gentlemen, when you strike a case of that sort you have not only got to use your medical skill to save your patient, but you have got to exercise a goodly amount of tact to be retained in the case. First thing, forget you are in a hurry; then cross-question the whole family about the beginning of the patient's illness, and gradually bring them over to the fact that there are other troubles than being wormy, which may cause children to have "fits." Remind them of the case that old Dr. So-and-So treated that the family and most of the neighbors said was worms, and he said it was "newmonic fever," and when its side "riz and busted" they all agreed with the old doctor. Examine your patient carefully, and be sure it is stomach trouble, and not lung trouble, you are dealing with, and you may, by your patience and care, abort a case of pneumonia. So much for this digression.

The temperature of pneumonia assumes all sorts of phases, and we are often puzzled to know if it really is pneumonia or some other febrile disease. In typical cases, though, we generally find a high temperature throughout the attack.

In my opinion, when there is a remitting temperature we have malarial infection as a complication. My observation is, when we have epidemics of malaria in the summer and fall we generally have epidemics of pneumonia in the winter and early spring following.

A sudden fall in the temperature, accompanied by profuse perspiration, usually indicates a crisis in the disease, and is generally followed by convalescence.

The pulse varies with the severity, extent and stage of pneumonia. In mild cases it reaches 90 to 120. If it is above 120 and continues

so, the case is considered severe. The skin is usually hot and dry. In a majority of cases the expression of the countenance is characteristic, the face is anxious, and the cheek of the side affected will have the bright red "pneumonic spot."

I will refer briefly to the physical signs and close with some remarks on treatment:

Inspection. First Stage.—Movement of affected is restricted. Second Stage—Markedly so. Third Stage—Expansive motion more apparent.

Palpation. First Stage.—Increase in vocal fremitus. Second Stage. —Marked increase in vocal fremitus. Third Stage.—Vocal fremitus gradually diminishes.

Percussion. First Stage.—Slight dullness. Second Stage.—Marked dullness. Third Stage.—Dullness gradually disappears.

Auscultation. First Stage.—Dryness of respiratory murmur, crackling sounds at end of inspiration, "crepitant rales." Second Stage.— Bronchial respiration, metallic in character, tubular breathing. Third State.—Broncho-vesicular breathing—blowing—then indeterminate, and finally normal.

Treatment.—This is as varied as there are physicians who treat it. One will tell you he treats his cases with large doses of calomel and plenty of whisky, and, in my opinion, if his patient survives, it is due to the stimulation of the whisky. Another uses Dover's powders, quinine and squills and whisky. Another "some powders" and a fly-blister. Another, aconite, digitalis and strychnine. Another anoints his patient with turpentine and wraps him in cotton batting (that's what I'd call "a warm member"), and gives him carbonate of ammonia Senega squills paregoric and syr. tolu. Another, morphine, ipecac, calomel, brandy and mustard plasters. Another will go to see his patient as often as he thinks he will be paid for it, sympathizes with the family, gives just as little medicine as possible, waits for the disease to run its course, and brags to the family after the patient is dead how scientifically he treated the case. Some very eminent men have said that there is no known remedy that will abort pneumonia, but that it must run its course. And I wish to add by way of parenthesis that the doctor in charge of a case running its course, especially if he is a "company doctor," will nearly run his course treating the case. I believe that pneumonia can be, and often has been, aborted, especially in complicated cases, if seen early in the disease.

Now, I know those who do not believe in the abortive theory are ready to ask how I know I have a case of pneumonia before the "rusty colored sputa" appears. Hear me! Do not wait for "rusty sputa" before you begin to treat pneumonia. If you do, there is a day coming when you will meet those cases in a different world to this, and you will

hear the cry continually ringing in your ears, "Your delay sent me here."

Take the average case of lobar-pneumonia early in the attack and use Norwood's tincture veratrum viride judiciously, and I believe you can abort the disease.

I generally use the following mixture:

℞ Syrup simple.
Tr. Verat. Viride aa dr. ii.

Shake well. Sig: One drop every 30 minutes for 2 doses every hour for 3 doses, unless pulse rate comes down to 80 or below, then every 2 hours to control fever.

Hot flaxseed meal poultices over lung affected, especially over seat of pain.

Bowels should be emptied, and is most commonly done with small doses of calomel every hour until desired effect is produced.

SELMA, ALA.*

To the beautiful City of Selma, in April so sunny and fair,
From over the State the doctors all did, for commingling, there repair,
To hold a week of convention; as usual, they annually do,
For it is their excellent custom, long, time-honored and true.
Her sons, with noble good feeling, did welcome and cordially greet
All the visiting physicians as they appeared upon her streets.
Her daughters, so fair and lovely, came with winsome smiles to meet
All the doctors, as they entered her halls and hospitable retreats.
Her people, filled with honest pride, threw doors ajar, and opened wide
Their homes, in welcome to the throng, visiting the confines of the town.
Her doctors, hospitable and many, unto themselves did make
The burden of our enjoyment their pleasure and thought all the week.
We were wined and dined in bounty, were entertained in regal style;
They upheld the repute, which you know, has been theirs for quite awhile.
The outstretched hand, in welcome, was gladly extended to all;
No thoughtless act of remissness can any one there recall.
You are welcome, brother, welcome, was heard on every hand,
On our city's ample bounty feast, until your labors, in conference cease.
Her homes are things of beauty, her sward and trees so green,
With flowers bright and foliage gay, her lawns are fit for Cupid's play.
The majestic river Alabama, sweeping grandly by the town,
Murmurs sweetly in mingling waters, in Selma, the weary always rest.
The lullaby sung by river's tide, soothes the surging multitude,

*Dedicated to the city of Selma by a member of the Alabama State Medical Association.

Calming the fierce unrest of all in sweet refrains of many tunes;
Nestling 'mong the shady oaks, where mocking birds wont to sing,
Her tasty homes and pretty houses, are many pleasant, beautiful things.
The greatest, purest aspirations fill the minds of her physicians
To uphold Æsculapian honor, and beauty, is their highest, noblest duty.
The Selma meeting, by Fate's decree, has passed to history's realm,
Yet long will it remembered be, by those who helped at the helm.
Gallant Cunningham to duty stood, as our president always should,
With watchful eye and kind attention to guide us right while in convention.
Of many subjects there proposed us, all were worth consideration,
Yet none advanced of more importance than public health and sanitation.
Beautiful city, 'tis "au revoir," until we meet in four years more,
May the pleasures of the past "encore" and swell in praises as of yore.
Or, as we pass down the stream of years "en voyage" to life's safe harbor,
Our thoughts will recur to the pleasant days as we stood by Alabama's placid water.
Alabama—here we rest—can be spoken from mouth to source,
But can't no place more restful be than Selma in springtime course.
In years to come, 'mid other scenes, our minds will revert in pleasure
To the times when we, in the long ago, used to meet in the City of Selma.
We'll remember the fraternal greetings of her sons and daughters as well,
While the warmest, truest feelings in our minds and hearts will dwell
The memory of these occasions, so happily pleasant and true,
When our brothers bade us welcome to come and abide there, too.
Fare thee well, though not forever, but only for the time we dwell
'Mid other scenes and other pleasures, then another—I wish you well.

LOCAL ANÆSTHTSIA IN HÆMORRHOIDAL OPERATIONS AND ALL VARIETIES OF MINOR SURGICAL WORK.

By O. W. Green, M. D., Chicago, Ill.

Published by The Medical Times and Register of Philadelphia, Pa., for February, 1901.

Since there are so many people suffering more or less with hæmorrhoids, and since orificial operations along that line have been performed only under general anæsthesia, we desire to call attention to the fact that we have formulated a method by which hæmorrhoidal operations are painlessly performed without the aid of general anæsthesia. The operations are rendered painless by using the local anæsthetic "Acestoria."

Our method of operating on hæmorrhoidal tumors is as follows: First, the patient is instructed to take a cathartic the night before the operation, and an enema in the morning. With a saturated solution of boracic acid thoroughly cleanse the rectum, using a syringe or otherwise, and then immediately inject every tumor in sight with "Acestoria" until each tumor is not sensitive to the prick of the needle. Sometimes it is best to use the bivalve speculum before, sometimes after injection, and sometimes not at all. It depends upon the condition and location of the piles.

With hæmorrhoidal forceps, or Pean's artery forceps, pick up each tumor at its center and turn it out.

We generally use the clamp method when possible. Use Kelsey's or Pratt's clamp. After turning the tumors slightly outward with the forceps which were left hanging to them, each by turn is clamped at its base.

Then with a straight needle put in two or more stitches, as may be needed, back of clamp.

Remove clamp and cut tumor with straight scissors through the white line made by the middle blade of the clamp. There will be no hæmorrhage if this line is followed. The stitches are now tied. Each tumor is thus treated. Then with hydrozone and hot water, one part of the former to five of the latter, syringe or spray the field of operation thoroughly.

The object of using hydrozone is two-fold: It is the safest and best germicide and hæmostatic we have yet used, and we have tried many. Not being a poison, and depending upon the oxygen it contains for its action, renders it safe under all circumstances, both externally and internally.

As a dressing we have several times used nothing, simply cleansing with hot water and hydrozone.

An ideal dressing is ordinary sterilized gauze moistened with glycozone. Glycozone is anhydrous glycerine saturated with ozone, a powerful germicide and promoter of healthy granulation.

To prevent pain usually caused by the prick of the hypodermic needle, touch the point chosen for insertion with a glass pointed rod, dipped into 95 per cent. carbolic acid.

To anæsthetize the ear and stop earache, incline the patient's head to one side and drop into the ear about five drops of "Acestoria," or sufficient to fill the external meatus.

Use "Acestoria" hypodermically in all cases where incisions or excisions are to be made, such as operations in ingrowing toe nails, removal of splinters from the flesh, opening boils, abscesses, carbuncles, etc.

Selected Articles.

THE GALVESTON RELIEF EXPEDITION.

By M. Loewenthal, M. D.,

BROOKLYN, N. Y.

On September 9th, 1900, the country was amazed and horrified at the news that the city of Galveston, Texas, had been destroyed by a hurricane, which caused a loss of nearly ten thousand lives and millions of dollars in property. An appeal to New York from the survivors was responded to very rapidly, and one of New York's prominent daily newspapers organized a relief corps of physicians and trained nurses to hasten to the stricken city to aid the many left sick and destitute. This corps, of which I was a member, consisted of nine physicians and twenty nurses, with medical and surgical supplies and food and clothing. We arrived on September 12th, and hastened to work.

While I do not intend to present an elaborate description of the ruin that met my eyes, still it may be in place to give a brief account of the flood with its many heart-rending incidents.

Geographically, the city of Galveston consists of a sand strip about twenty-nine miles long, and averaging about two miles in width—off the coast of Texas. Although this great sand bank had been many times under water, and afterwards restored, the inhabitants never anticipated that a terrible holocaust would devastate their beautiful city. Galveston was a place of considerable importance, owing to its extensive railroad connections and its water front for shipping interests. The census of 1900 placed the population at 38,000. The city was prosperous, and property valuation was more than $80,000,000..

On the morning of September 8th a gale began to blow, and this kept on continuously for sixteen hours, gradually growing stronger and stronger until the waters of the bay reached the level of the wharves. The direction of the wind changed, and the gale coming from the northeast with a recorded velocity of thirty-five miles an hour, caused the waters to flow over the wharves, inundating the part which railroads and docks had occupied, and finally reaching the business houses and private dwellings. The surf on the Gulf side was lashing with a violence indescribable, dashing up the beach and reaching the summer cottages. The people were not alarmed to any great extent, although among the timid some uneasiness was felt. The inhabitants had seen such storms before, and one more or less was nothing to be afraid of.

In the afternoon, things growing worse, business came to a standstill; business men started for home. The wind increased to forty-eight miles an hour; then came the destruction. The waters advanced on both sides, flooding buildings, uprooting trees, toppling over houses. Horror-stricken, thousands ran out of their houses to seek a refuge of greater security, but all to no avail. The poor souls, cut, wounded and disabled by the shower of splinting wood, slate and glass, who had escaped to the streets, perished; those in the houses awaited the certain death that was sure to come.

Many instances of martyrdom are recorded, especially at the Catholic Orphan Asylum, where the nuns had assembled the little ones and binding themselves to them, one to each group of ten, they died together. Many women gave birth to children only to be drowned.

The wind constantly increased in velocity to eighty, ninety, and possibly more than one hundred miles an hour; it had shifted to the southeast. At 6:30 in the evening a mighty storm-wave four feet in height rolled in and carried everything before it. Every part of the unfortunate city was now under water. This wave was followed by others; houses were torn to pieces, leaving barren tracts of land where buildings had once stood. Those that survived told pitiful stories of the sufferings, many being absolutely naked, having had the clothes torn from them by the floating debris. The authorities had put down the loss of life at a thousand; but, alas! the total reached nearly eight thousand. Hundreds and hundreds of the dead lay around, the sun beating down upon them causing a sickening odor. The survivors were powerless; they were threatened with starvation and thirst. But something had to be done with their dead, and that something must come quickly. At first they dug trenches to dispose of the bodies, but the appalling number made this disposition unwise. Then they took the bodies six or seven miles out to sea; but this procedure was too slow. Finally cremation was suggested and adopted. Huge fires of wreckage were built and the dead placed thereon, and in a period of six weeks over six thousand dead were disposed of.

When our relief corps arrived the situation was beyond description. We hastily erected a tent to care for those who were able to go about. Our men and nurses worked laboriously, having treated eight hundred cases, suffering mostly from privation, from want of food, from superficial injuries.

Among the cases observed by me I append a few, which may prove of general interest:

Mrs. C. H., aged 25, lost her home by flood. She had roamed around the city deprived of food and water, and had attempted suicide. When

she came under our care we made her comfortable and administered a little soup, which she drank ravenously. Towards 9 o'clock in the evening she became hysterical, for which we prescribed bromides, followed later by trional in a half glassful of milk. This produced a six hours' sleep, from which she awoke quite refreshed. She was placed upon liquid diet for a few days and discharged cured, a home having been found for her.

Case 2.—Mr. D. D., aged 45, lost his wife and three children, and was carried to our tent in a maniacal condition. Pulse 130, temperature 101. I gave him a hypodermic of morphine, 1-8 grain, repeated in one hour in the same dose. At the end of two hours he became calmer and slept for four hours. Pulse 100, temperature 100.3. He awoke feeling somewhat refreshed, but still with a dullness of expression which lead us to fear a possible outbreak. I gave him a cup of soup, and administered heroin hydrochloride, 1-24 grain, repeated in six hours. The next day the patient felt easier, and was given a tonic, and went away the following day.

Case 3.—W. R., aged 8 years, had sustained superficial burns from exploding oil, which were dressed with carron oil. Some fever was present, which was reduced with small doses of quinine and anti-pyrine. The next day the injury showed no improvement, and the nurse was instructed to dress with iodoform gauze. Three days later, as the boy's condition was found unchanged, the burned area was cleansed with a 5 per cent. carbolic solution and the following dusting powder was applied with good results: Acidi borici, 3 drachms, and europhen, 2 drachms. The above powder was also successfully used in fifty or sixty cases of cuts, broken bruises and superficial hurts.

Case 4.—Mrs. C., aged 19, miscarried at five and one-half months, due to the shock received from her terrible experience. The placenta was adherent. The utera was curetted, and then intra-uterine douches of 1-5000 corrosive sublimate solution made. The third day the patient had a chill, with pulse 120, temperature 104 degrees, but no pain. She was given quinine, 10 grains every four hours, and under the continued use of douches made an uneventful recovery.

Case 5.—J. K., aged 6 years, had been wounded in the sole of the foot by a board with a rusty nail. The patient was a very bright, healthy boy. I first saw him five days after the accident, when he presented symptoms closely resembling tetanus. The wound seemed insignificant, presenting no signs of inflammation. I prescribed calomel and one drachm of whisky in a half glassful of milk every hour and a half. The whisky did not seem to affect him, and produced no signs of intoxication; whereupon I increased the dose to one-half ounce every

hour. The next day the child was no better, and the mother, in her excitement, gave him nearly half a glassful of whisky, which quieted him, so that he slept for five hours and awoke much refreshed. The whisky was continued in half-ounce doses every two hours, but was now rejected by the stomach, besides causing slight intoxication. No other treatment was resorted to, and in a week's time he was perfectly well.

Case 6.—Mary D., 14 months old, was brought to us September 13th. I found the baby restless and feverish; the gums swollen and the bowels inactive, and diagnosed mild catarrhal fever. Laxative doses of calomel were prescribed every two hours, and phenacetine, 1-2 grain, every four hours. The next day the patient was the same. She had several fluid passages during the night; the temperature was 103.2, pulse 125, respiration short and rapid. Treatment was continued with liquid diet. September 15th the child's condition was practically unchanged; the fever had somewhat abated, but the child was very dull and drowsy, although her irritability was less marked. Pulse 115, temperature 102.4. The treatment now consisted of phenacetin, 1-2 grain; tinct. aconite, 1-2 gtt.; tinct. gelsemium, 2 gtt., in one drachm of syrup pruni virg., every three hours. No laxative was prescribed, as the bowels had been acting too freely. September 16th, the symptoms remained the same, and it was quite a mystery to me why the disease was so difficult to treat. There was no change up to September 20th, when the bowels became costive again, and the child's condition more serious than at any stage of her trouble. On arousing her from sleep she would vomit and cough. She had been drowsy and very stupid during the last two days, and when asleep her eyes were only partially closed, and her head was thrown back. About 1 a. m. she had a convulsion, which was followed by frequent vomiting. I ordered cold applications to the head and prescribed potass. bromide, 1 1-2 grains; potass. iodide, 1-2 grain; syrup pruni virg., 1 drachm, every three hours. For the bowels an enema of olive oil, 1 ounce, and turpentine, 20 drops, was given. September 21st, the child was much easier, seemed brighter than I had seen her for several visits, and played with my watch and chain; but when I made a closer examination she seemed quite excited. I left her to go into another room to speak to her father to obtain his family history, which was as follows: On his side, two of his brothers had died in infancy, causes unknown; his two brothers had died within the last three years from tuberculosis, aged 30 and 37 years. On his wife's side, the mother and grandmother had died of consumption about six years ago. Returning to the little patient, I found her again dozing, with her head thrown back (opisthotonus) and half-closed eyes. She soon became startled at something, roused up, began to cough, cry and vomit, and

then fell asleep. From careful consideration of the symptoms and the family history, it seemed to me that the case presented many of the characteristics of tubercular meningitis. The treatment now consisted of 5 drops of syrup iodid of iron every four hours, alternating with calomel, 1-30 grain, and applications of the following ointment to the entire surface of the scalp, twice a day, covered with a piece of oil silk: Europhen, 1 drachm; adeps, 7 drachms, the former being used in place of idoform, as recommended by Flick, Otis and others. A strict milk diet was ordered. September 22d, there was a decided change for the better. The head was no longer thrown back, vomiting was not quite so frequent, although the cough remained about the same. I discontinued the calomel, and gave some tablets of potass. iodid, 1 grain, to be added to four ounces of water, and given as often as the child desired a drink, in one-half ounce portions. The local application of the europhen ointment was continued, as I believe this dissipated the alarming head symptoms. September 23d, the patient was much better and brighter than she had beeen since my first visit. The same treatment was continued September 24th, 25th, 26th and 27th, until the morning of the 28th, when I noticed a hacking, irritating cough, followed by a peculiar groan. Examination of the lungs revealed crepitant rales over the left lung. I ordered the europhen and lard to be applied all over the thorax every seven hours in the same manner as to the head, where it had been discontinued for three days previously. This local treatment was kept up for three days, with calomel, 1-20 grain; codeine, 1-60 grain, and sugar of milk, 1 grain, dry on the tongue every three hours. This had a very good effect in relieving the symptoms, so that the patient, from September 30th to October 2d, made a rapid recovery, with all her mental factulties intact; something which is not often a physician's good fortune to witness in the face of such an unfavorable family history as in this case. I am no enthusiast over remedies, but I believe that the use of europhen ointment to the scalp contributed materially to the patient's recovery.

Case 7.—W. McD., colored, aged 10 years; traumatic tetanus. On the day of the hurricane he was pretty well battered up by flying wood, glass and other debris, and came to us on September 16th with a splinter in his thumb, a portion of which had been removed. Four days later the thumb began to swell and become painful. Poultices of flaxseed meal were applied. September 25th, the remaining portion of the splinter was removed, and on the next day he complained of stiffness of the jaws, pains about the chest, general malaise, and by night the jaws were locked. September 27th the following was prescribed: Potass. bromide, 3 drachms; aquæ, 3 ounces; M. A teaspoonful to be

taken every half hour. During the day he had two spasms. In the evening at about 8 o'clock he was sleeping, but quite restless. The medicine was now given every hour. On September 28th he had two spasms early in the morning of about two minutes' duration. I ordered besides the above tinct. cannabis indica, 15 drops every two hours. At 10:30 a. m. his pulse was 140; he was awake and had had a spasm marked by opisthotonus, although his jaws were not so closely set as the day before. At 1:45 p. m. he was given morphine, 1-10 grain; this was repeated at 6 p. m. At 11:30 p. m. he was awakened from a prolonged sleep, and the bowels were moved by injection. September 29th, 2 a. m., the bowels moved again; pulse 178; he complained of thirst; there was slight movement of the jaws. At 2:35 p. m. he had a convulsion, the first one since yesterday morning. At 4 p. m. another, and at 5 p. m. he had another, during which he died. Milk was the only nourishment he would take during his illness.

To give an idea of the magnitude of the work accomplished by the relief corps, I would mention that I saw and treated 831 cases, comprising the most varied conditions; many of which, of course, had no connection whatever with the catastrophe. Among those more or less traceable to the disaster, there were 36 cases of wounds, 147 of fractures and dislocations, 9 of amputations, 18 of concussion of the brain, 39 of fevers from privation, 162 of diarrhea, cholera infantum, and dysentery, 4 of tetanus, 19 of typhoid, 33 of hysteria, 19 of insanity and 4 of labor.

THE THYROID TREATMENT.

There is perhaps no subject which has elicited more investigation as a therapeutic resource, in this period of general rapid advance in medicine, than the employment of the Thyroid Gland as a remedial agent.

The Thyroid treatment is specific in simple goiter, myxedema, cretinism and obesity; is of great value in congestion of the pelvic organs, menorrhagia, endometritis and other gynecological and obstetrical cases; while the reports made of its employment in lupus psoriasis, schleroderma, ichthyosis and other skin diseases of an intractable nature have been such as to warrant further experiment. Prostatic enlargement, melancholia and mental disorders, especially those of the puerperal and climateric periods have been greatly benefitted by it.

Armour & Company, Chicago, offer samples and literature to physicians sending their professional card.

Editorial.

JNO. C. LeGRAND, M. D.,.....Editor and Prop.

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The Duty of the Public to the Medical Profession.

This subject was discussed at the recent session of the Medical Association of the State of Alabama: in the president's message, in the monitor's address and in a paper submitted by the editor of this Journal. In the issue of April 20th of American Medicine, a synopsis of a meeting of the New York Academy of Medicine is given, which we reproduce because the paper of Dr. St. John Roosa and the discussion brings out and emphasizes the same points as brought out in the discussion at our State Association:

New York Academy of Medicine.—At a meeting on April 4, Dr. D. B. St. John Roosa introduced a discussion upon the duty of the public to the medical profession. He began by referring to an article which had appeared in one of the lay press ridiculing a proposal that

the State should endow a chair of electrical engineering. The writer of the article referred to objected to the proposal on the ground that it savored too much of paternalism, and incidentally he remarked that medicine, horseshoeing and landscape painting might be regarded as equally desirable subjects for the patronage of the State. This, remarked Dr. Roosa, was in keeping with what they must always expect from the laity as to the value of medical education. He was not there, however, to make any argument for the endowment of medicine by the State. He wanted rather to show what the public as individuals owed to medicine. Every provision should be made in order that the education of medical men should be of the highest order. The national government made adequate provision for the education of medical officers who were to look after the well-being of the army and navy. Christian scientists and osteopaths had no chance of obtaining recognition there. Few State governments were equally careful to see that aspirants to the medical profession were subjected to a proper examination. The theory seemed to be that any one might be tried as a doctor, just as if he were a mechanic or a tradesman. Now, it required a large investment of money, and a considerable amount of time, to make a qualified doctor.

Formerly it was sufficient, after a young man had got a very ordinary education, for him to spend a few years in desultory work with a medical practitioner. Then he was supposed to be qualified to practice. Now it was necessary for him to go through a four years' course at one of the universities, and then to spend a few more years in attendance at the hospitals. The general result was that a medical graduate had to reach the age of 30 or thereabouts before he began to earn a moderate living. For his hospital work the young medical man must look for reward to what he might acquire in the way of renown and to the satisfaction of his conscience. Dr. Roosa then asked what the medical profession had achieved to deserve the confidence of the public, and by way of answer quoted the articles by Dr. Osler and Dr. Keen on the progress of medicine and surgery during the last century. All things considered, he contended, the public ought to take a greater interest in the progress of medical science and extend a more generous treatment to the medical profession, with a view to the bringing about of the millenium spoken of by one of the prophets when the people should no longer have to complain that they were sick, and when human ingenuity and skill, foresight and care should be used to the end that no accidents should occur and no epidemics should prevail, and human beings should not die prematurely.

Dr. William H. Thomson said there were some reasons why the pub-

lic failed to appreciate the services of the medical profession. First, there was the conception of the profession as a trade. That it was anything else than the means of getting a livelihood was seldom thought of. Besides there existed the impression that the medical profession was a particularly close corporation, that it was very jealous of all competitors, and that it was hostile to all innovation. Even the code, which was designed to regulate their conduct to one another and to the public, was looked upon as purely a trades-union protective measure. As a consequence the profession was powerless to do anything for the exposure of quackery. If they moved at all in this direction, it was regarded as persecution, and the result was to give new life to the persons or bodies proceeded against. Physicians were not regarded as having a monopoly of knowledge in regard to disease. As life was a mystery, so was disease, and the door was opened to the believers in occult influences, the disciples of Mrs. Eddy, the osteopaths and others. Apart from these classes, there would be found to be a widely spread belief that doctors did not know so much more than other people. They lived in a world of male and female critics. These evils were the result of ignorance, and nothing but ignorance.

The most intelligent man in town was likely to come in with his diagnosis already made: "Doctor, there is something wrong with my liver," or the like. Very few even among the intelligent classes had any reasonable conception of matters pertaining to medicine. It did not matter that all the professional men of America and Europe, as well as of some outlying countries like Japan, were working with all the appliances of modern science to discover the causes of disease and the possible remedies, nor yet that the discoveries made in the last century in the domains of medicine and surgery had done more as regarded the welfare of the human race than the inventions in any other branch of science, say the steam engine or the telegraph. Theories and speculations were swept aside with contempt and only strict scientific results paid heed to in the investigations of medical men of the present day. There was no living man who knew one-fourth of what was known by the profession as a whole about the human body and disease. Physicians knew that they were not capable of dealing with every class of disease, and this surely showed the absurdity of ignoramuses claiming to be able to treat any disease. The public would not put inexperienced men in charge of a locomotive or a dynamo; yet so great was its ignorance in regard to the human body and disease that it did not hesitate to trust their ailments to persons who had no training for the practice of medicine. He thought it was the duty of the profession to take concerted action to counteract this great

evil. One means by which they could do this was by teaching anatomy and physiology in the high schools devoted to both sexes. Surely it was as important that people should know something about themselves as it was that they should know about grammar, belles lettres and the dead languages. He did not advocate the teaching of medicine as such, but only the imparting of sufficient elementary knowledge to prevent them being duped by quackery, just as they were taught enough about astronomy to make it impossible for them to place credence in astrology.

Dr. Andrew H. Smith remarked on the singularity of the coexistence at the beginning of the century of two opposing facts—one, that the last two decades had witnessed an unexampled advance in the science and practice of medicine and surgery, amounting almost to a revolution, and the other, that the popular mind was daily growing more and more prone to return to old superstitions in medicine, or to invent new ones even more absurd. He suggested as a remedy for this the education of the public through the lay press and the schools, not in medicine but in the elementary facts in regard to their bodies about which there was such lamentable ignorance.

Dr. F. R. Sturgis contended that the medical profession was itself to blame for the want of confidence the public had in it, because even it did not attach sufficient importance to sound medical education. There were too many medical schools and too much cut-throat competition among them, which was sufficient to account for the fact that so many of them were not able to support themselves. He questioned the value of much of the gratuitous medical service. Physicians who had large clinics had not time to study their cases properly, and the public was pauperized without having its ailments adequately treated.

Dr. A. Jacobi said the existence of jealousies in the profession and the sight commonly seen of experts swearing against one another in courts of law had something to do with the want of confidence shown by the public. No doubt it was to be desired that the public should be educated, but he objected to the method by which the lay press usually wished to do it—by sending reporters to interview medical men and wanting them to tell all they knew about a subject off-hand.

The Chairman (Dr. George L. Peabody) said he thought the public got a great deal more from the medical profession than it showed that it wanted or cared to pay for. It was more to the interest of the public than the profession that quackery should be stamped out, but there was always the donger that if doctors moved in matters of this kind it was thought it was because they were concerned about their own interests. Were it not for the harm done the public the Chris-

tian scientists and other bodies of the same sort might be looked on with tolerance as people who added to the gaiety of nations.

Dr. Roosa, in replying on the debate, said that although there might be objectionable medical men here and there, there was no class that more conscientiously did its work, and he believed the public would be willing to give them more support if it only knew what they were doing.

Edwin L. Marechal, M. D. LL. D., President-Elect of the Medical Association of the State of Alabama.

Was born in Chambersburg, Franklin county, Pennsylvania, June 27th, 1850. His father, who was a teacher and a man of scholarly attainments, removed to Mobile in 1854, where the subject of this sketch was reared. He was educated in the public schools of Mobile and in Mobile College, now no longer in existence. Studied medicine in the office of the late Dr. Jerome Cochran, and was graduated from the Medical College of Alabama in 1870. Began the practice of his profession in Baldwin county, Alabama, where he resided until his removal to Mobile in 1889.

EDWIN L. MARECHAL, M. D. LL. D.

During his residence in Baldwin county he organized the Baldwin County Medical Society, and was Health Officer of the county for sev-

eral years. Has been President of the Mobile County Medical Society and for one year was County Health Officer.

For four years he was lecturer on Hygiene and Medical Jurisprudence in the Medical College of Alabama. Dr. Maréchal became a member of the State Medical Association in 1885, became a counselor in 1889, orator in 1895, vice-president in 1897, member of the board of censors in 1898, president in 1901.

Since his membership in the association he has presented papers on the following subjects: Multiple Neuritus; The Medico-Legal Aspects of Criminal Abortion in Alabama; The First Recognized Case of Yellow Fever in Mobile, in 1897, etc.; General Observations on Serum Therapy.

In 1894 he was elected a member of the Board of School Commissioners of Mobile County, and re-elected to a second term of six years in 1900. In June, 1900, the University of Alabama conferred upon him the honorary degree of Doctor of Laws.

In 1874 Dr. Maréchal was married to Miss Julia Greer, of Meridian, Miss. They have six children, two of whom have married.

E. B. WARD, M. D., SELMA, ALA.

Orator-Elect, State Medical Association for 1902.

In Memoriam

OF G. C. CHAPMAN, M. D.

Resolutions Adopted by the Jefferson County Medical Society, April 8, 1901.

"So be my passing,
My task accomplished and the long day done—
My wages taken, and in my heart
Some late lark singing,
Let me be gathered to the quiet West—
The sundown splendid and serene—
Death."

So sang the poet in his benedicite on the well rounded life of the day that comes "when the keepers of the house shall tremble and the strong men shall bow themselves, and the grinders cease, because they are few, and those that look out of the windows be darkened—when the almond tree shall flourish and the grasshopper shall be a burden and desire shall fail."

Not so shall be our song of him whom we mourn to-night, for the passing came to him rich in the robustness of a loyal and vigorous manhood—long before life's zenith.

To all born of woman the transition scene must come. It is the one and only thing inevitable from which none can escape, for "death treads with equal steps in the palace of the rich and the hovel of the poor." Pilgrims and sojourners we tarry but for a night. Life's loom weaves alike for all, its varied shades of love and joy, of care and sorrow—then comes the mortal end—to some before high noon, to others in meridian splendor, to the few in the somber gloaming of the spent day."

The life of Dr. Chapman, barely in the third hour of the day, was an open page, to be known and read of all men—honest, sincere, genial, gentle, refined; winning, thoughtful, reflective, clean and pure.

"He wore the white flower of a blameless life." Early in his profession a thoughtful student, scholarly, with a well trained and disciplined mind, he was wise enough to follow the leading tread that was directing him to a success in his special work fully commensurate with his abilities, and that gave promise of active usefulness, as he was winning his way to a broader accomplishment of his legitimate desires.

His was an open mind, docile, teachable, willing to receive instruction, not narrow and arrogant, but ready to get that he might give.

The quenching of this young life so full of promise and so hopeful, seems mysterious; yet we cannot question, for the enrolled future is hidden, wisely too, from our eyes and ken. He was not, for God took

him, and out of the storm, wrapped in its desolating shroud, a convoy of angels took him, and through the "gates ajar" the ransomed and redeemed soul, the Christian physician, went home to the paradise of God.

Be it resolved, That the Jefferson County Medical Society sincerely mourns and sorrows over the death of its faithful member, Dr. Chapman, whose association with it was one that added to its influence, progress and enlightenment and added its power for beneficent good.

Be it resolved, That the secretary be instructed to convey our expressions of sincere sympathy, with this memorial and resolution, to the family of our deceased brother, and that they shall be inscribed upon our book of record as part of our minutes.

E. H. Sholl, M. D., Chairman.
Cunningham Wilson, M. D.
H. S. Ward, M. D

DR. CYRUS EDSON, OF NEW YORK HEALTH DEPARTMENT, AND DR. LIBERMANN, SURGEON-GENERAL OF THE FRENCH ARMY, ADVISE SPECIAL USE OF HOT GROGS AS ADJUVANT IN TREATMENT OF LA GRIPPE.

H. Libermann, M. D., Surgeon-General of the French Army, in an article on "La Grippe (Influenza), recommends the following hot grog: "One-third goblet of Vin Mariani, with two-thirds boiling water, add cloves and cinnamon, and with or without sugar, making a grog of exquisite flavor, which produces immediate beneficial effect in severe cases of cold, attended by convulsive coughing and depression, the principal symptoms of La Grippe. It is best taken at bedtime. In the grip epidemics in France, Vin Mariani was the tonic absolutely relied upon, and has received frequent deserved mention in the Medical Press. It has been shown that patients recover very slowly, there is much general weakness and lassitude, invariably calling for something in the nature of a mild tonic stimulant, and it has been found that Mariani Wine is unequalled for such cases."

Dr. Cyrus Edson, of the New York Health Department, has made a careful study of the subject in his book on "La Grippe," published by Appleton & Co. On page 39 he writes of Vin Mariani and calls special attention to it in the form of a hot grog. In speaking of the complete prostration accompanied by the depression caused by this disease, and also during entire convalescence, his preference for a tonic stimulant is a hot grog of Vin Mariani. He says it is excellent for the purpose intended, and recommends its use freely.

Miscellaneous Notes.

Send in your papers early for publication in the Journal.

Dr. Samuel G. Gay, of Selma, is spending several months abroad.

A first-class, new surgical chair for sale. Address this Journal.

Don't be impatient if the publication of your paper is delayed for a month or two—it will surely come.

The many friends of Dr. A. T. Henley, of this city, are glad to learn that he has recovered from his recent illness and is actively at work again.

We are glad to see so many of the young physicians join the medical societies. This is a good omen, and means good for the medical profession in Alabama.

We extend our condolence to our friend, Dr. E. P. Riggs, in the loss which he has sustained in the death of his honored father, whose demise occurred April 17th, 1901, aged 83 years.

Unless you see some good point in a paper read which you can emphasize, it is not best to be too lavish with compliments to the essayist for his excellent and most interesting paper. So says Rosser.

One doctor says he gets several journals and has no time to read any of them. Such a doctor is to the medical profession what the preacher says a member of the church is who has no time to read his Bible—he's a believer (?).

If there is merit in regular medicine, stand by it. The lowest form of quackery is a man passing as a regular physician, and at the same time winking with and sugar-coating an irregular. If there is anything in irregular medicine, the manly thing to do is to take it.

We call attention to the cards of Dr. Ledbetter, Dr. Edgar A. Jones, and Dr. Geo. H. Stubbs. These gentlemen are all honored members of the medical profession. Physicians who may need their assistance or who may send them patients for their special line of work, will get faithful and competent service.

Bring the American Medical Association to Memphis. Our worthy contemporary, the Memphis Medical Monthly, invites the association to come to Memphis in 1902. Memphis is a great Southern city. Her doctors, her medical institutions and her medical journal are all up to date, and we should all join in and help her to bring the association to the South for 1902—and why not to Memphis? Alabama Medical Journal seconds the motion for Memphis.

"No! No! Let us not burden our time with trifles and our souls with grievances. We are every one of us good, bad and indifferent in our daily journey, walking with steady or unsteady step directly towards an open grave, and why worry and fret over anything? What is the laurel wreath of fame, but a shadow? What is wealth, but a bubble? Let us do our duty—the right as God gives us to see the right, with malice towards none, with charity for all."

Dr. R. D. Jackson, of Brookwood, Tuscaloosa county, has removed to Woodlawn, this city. The Doctor has been a long and honored member of the medical profession of Alabama. He has been a warm friend and substantial supporter of this Journal for a number of years, and while he will not engage actively in the practice, yet he pays in advance and asks that the Journal still be sent to him, at the same time wishing the Journal and its editor success in the work. Such friends are an inspiration in life's battle.

Dr. Thomas W. Ayers, recently of Anniston, Ala., has gone to China, where he will have charge of a large hospital, under the auspices of the Southern Baptist Association (of the United States). The Doctor goes to stay not less than seven years. Dr. Ayers is a competent physician, an honest and honorable gentleman. Any physician who may wish to know how things are in medical matters in the Orient can write the Doctor, who will not only be glad to receive their communications, but will be pleased to give any information on the subject. His address is Hwang Hiew, China, via Chefoo.

At the meeting of the Jefferson County Medical Society held May 13th, Dr. L. G. Woodson, speaking of the resolutions which were presented by the committee on the death of E. W. Morris, expressed in most touching and beautiful words his appreciation of Dr. Morris as a physician, a personal friend and as a gentleman. He spoke of the Doctor's kindly manner, his efficient, sympathetic and patient treatment of himself and his family, and in his death he felt that he and his had

sustained a great loss. What greater encomium could be passed in memory of a good doctor than for his colleague to stand by his grave and say that he was true, kind, noble, generous, efficient and faithful?

The sixth annual meeting of the Association of Surgeons of the Southern Railway Company met at the Battle House in Mobile on May 7th, and continued in session three days. There were in attendance about seventy-five surgeons of the company, and many interesting papers were read and discussed, and a general interchange of views and ideas for mutual benefit were indulged in. The meeting was one of the most successful ever held by the association, and was a great success, both in a business and social way, and closed with an excursion down the bay to the Gulf. Dr. B. G. Copeland, surgeon for the Southern Railway, and wife, and Dr. George H. Stubbs, surgeon-oculist, and wife, of Birmingham, attended the meeting.

E. E. Forbes

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To M. H. Smith, Chemist, 68 Murray St., New York:

My Dear Sir—I feel justified in congratulating you for the excellency of your preparation of Glyco-Heroin (Smith). I have used it extensively during the past year, and I have unmistakably found its action prompt and beneficial in all cases of phthisical and bronchial coughs. It is gratifying to remark that Glyco-Heroin (Smith) lacks that nauseating sweetness which accompanies most of the cough remedies. From my personal experience, I recognize it as a specific in relieving all irritating coughs, and I hope your success will be as great as the relief the poor consumptives receive from it.

Believe me, yours respectfully, G. Michon, F. D.

The Martin H. Smith Co. will supply samples and literature of this valuable preparation to all physicians requiring the same. See their advertisement.

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Society Reports.

MEETING OF THE MEDICAL ASSOCIATION OF THE STATE OF ALABAMA, APRIL 16-19, 1901.

Reported by Dr. Edgar A. Jones.

The recent meeting of the State Medical Association in Selma, April 16-19, was among the best, if, indeed, it was not the very best, that the organization has ever had. From a strictly scientific standpoint, the meeting was an immense success. More papers, and papers which were well prepared and ably discussed, were presented than usual. From a legislative point of view, it can probably be said that at no meeting has such uniformity of feeling existed. No bitterness was indulged in by any one in the discussions, and everything moved smoothly and evenly. A large portion of the credit of this latter condition is due to the most excellent manner in which the President, Dr. R. M. Cunningham, handled the proceedings. The attendance was about 250, and included physicians from every part of the State. It can be safely said that the general profession is more heartily interested in the association than ever in the past, and the future of the organization is bright with the promise of a well organized, thoroughly homogeneous profession, whose influence will be felt to the utmost confines of the State.

In this article is is intended only to briefly sketch the proceedings of the convention from the viewpoint of a visitor who saw and heard almost everything that happened, and who enjoyed the whole.

After the usual opening exercises, including prayer, addresses of welcome, and responses, the annual message of the President, Dr. Cunningham, was delivered. The message was well prepared, and showed thoughtful deliberation on many points which were presented for the consideration of the body.

The regular reports of the vice president, the secretary, the treasurer and the regular and the special committees then were heard.

At the first evening session the address of the historian was read (by request) by Dr. Maréchal, of Mobile.

Dr. R. C. Bankston, of Birmingham, read a most carefully prepared paper on "The Future Outlook of Medicine is Toward Preveention." The doctor dwelt on the many intricate problems of modern preventive medicine, sociology, and economics in a most scientific manner, and

the careful perusal of his paper in the published transactions will be both interesting and profitable.

Dr. M. B. Cameron, of Sumterville, presented the next paper, "Pernicious Vomiting in Pregnancy," and carefully handled the subject.

Dr. A. M. Stovall, of Jasper, read a paper on "The Therapeutic Uses of Water," dwelling on the many ways in which the natural agent may be applied in various pathologic conditions.

The morning of the second day was bright, clear, warm, and in all, a beautiful Southern Alabama day.

The discussion of Dr. Stovall's paper was concluded, and Dr. R. S. Hill, of Montgomery, read the first paper of the day on "Ovarian Cysts." This paper was certainly one of the most carefully prepared that was presented at this session. The writer went carefully into the etiology and pathology of ovarian cysts, showing large research and most careful discrimination in the selection of his references, and closed by exhibiting numerous cysts which he had removed at operations.

Dr. J. A. Goggans, of Alexander City, next read a paper on "Some Ovarian and Uterine Tumors," which was in the main a clinical report of several interesting cases which had come under his care. He also exhibited several specimens of ovarian and uterine neoplasms.

The discussion of these papers, which were considered jointly, was full and interesting.

Dr. Chenault, the next regular reporter, was not present, and his paper was passed.

Dr. William Osler, of Baltimore, was not present, nor did he send a paper, so that the Jerome Cochrane lecture was not delivered.

The regular order of reports was resumed, and Dr. E. B. Ward, of Selma, read a most enjoyable paper on "Reflex Neuroses in Women." It might be well to remark here that the beauty and finish of this paper had no little to do with the subsequent election of Dr. Ward to the place of orator for 1902.

Immediately after the reading of Dr. Ward's paper, the essay of Dr. W. T. Eckley, of Chicago, was presented and read by special order, by Dr. H. A. Moody. The essay was on "Medical and Forensic Importance of Reflexes," and was pronounced by many as the most scientific paper presented at this session.

Dr. Michael Hoke, of Atlanta, Ga., read a paper on "The Pronated Foot," and presented many drawings and models to illustrate his essay. This paper was largely discussed.

At the afternoon session of Wednesday Dr. L. W. Johnston, of Tuskegee, read a paper on "Entero-Colitis in Infancy."

Dr. W. G. Somerville, of Tuscaloosa, presented a most excellent essay on "Some Legal Aspects of Youthful Criminals and Insane." This was

one of the best papers presented during the meeting and was well discussed.

Dr. Judson Daire, of Cowikee, in his paper on "Mortality in Prison Population," showed his thorough familiarity with all those effects which are the result of the confinement of men in prisons.

At the Opera House, on Wednesday night, a most enjoyable program was carried out. The monitor's address, delivered by Dr. W. E. B. Davis, of Birmingham, was delightfully delivered and well received. Dr. Davis is fortunate in the possession of those qualities which are the foundation of every successful public speaker, enabling him to get both the attention and the sympathy of his audience.

Dr. William G. Harrison, of Talladega, next charmed the audience with a most excellent oration. Space does not permit even an abstract from this speech, but the reader must be referred to the forthcoming volume of the transactions for its careful perusal.

After adjourning from the Opera House the association repaired to the "Albert," where a most palatable luncheon was served. The committee on arrangements is to be congratulated on this part of its work. The spacious dining hall was decorated with palms, ferns and wild flowers, and a good orchestra rendered sweet music, to the accompaniment of which the glasses were filled and emptied, filled and emptied, ad lib., while, to make us feel more comfortable, the rain was falling in a steady, ceaseless torrent outside.

The toasts were many and well-chosen. Dr. W. W. Harper, of Selma, was toastmaster, and presided well.

The next morning every one was feeling refreshed and ready for the long day's listening to regular reports and volunteer papers, and these came in as steady a stream as the rain did out of doors.

Dr. T. A. Casey, of Albertville, read a practical and scientific paper on "The Prevention of Infectious Diseases." This paper dwelt on the problems of the control of cases of infectious diseases in the small towns, and even in the country, in a practical manner. The paper was fully discussed.

Dr. Goldsby King, of Selma, read a paper on "What is the Best Closure in Asceptic Cases," in which he strongly and ably contended for the use of buried animal sutures, in approximating like tissue to like tissue, and the sealing of the wound with silver foil. This paper received, as is usually the case when the subject of sutures is mentioned, a large discussion.

Drs. Inge, Fonde, Hunter and Murray were absent and their papers were not presented.

Dr. Welch, of Alpine, read the only paper presented to the association on a climatic subject. It was "Climatic Effects in Talladega County

on Diseases Common in Alabama." This paper was noteworthy for this reason, among many others, it portrayed the magnificent, yea, stupendous advantages of Talladega county as a health resort, and on this account elicited considerable good-natured raillery. Seriously, however, it was a good paper, and well prepared, and one of the very few which the president complimented. Dr. Cunningham urged the necessity of more climatologic papers in our meetings.

Volunteer papers were now taken up.

Dr. Edgar A. Jones, of Birmingham, read a short paper on "The Widal Reaction," which was discussed by several members.

Dr. S. M. Billing, of Montgomery, read a paper on "Anæsthetics," which showed a large practical experience in the use of these agents.

Dr. B. B. Rogan, of Selma (at night), presented an essay on "Administration of Anæsthetics," which was in every sense practical and well arranged. Both these essayists urged the great necessity of care in the selection of both the anæsthetic and the anæsthetist.

"The Medical Profession in Politics" was the subject of Dr. J. C. LeGrande's paper. This paper went carefully into the necessity of the profession as a whole, educating the laity on the problems of medical legislation and kindred matters. Dr. R. M. Cunningham discussed this paper, stating that he had requested Dr. LeGrande to write this paper, and cited the grave difficulties which now exist in the securing of sound medical legislation, and agreed with the essayist in the need for the education of the general public.

Dr. J. P. Furniss, of Selma, at the afternoon session, read his paper, "The Axis Traction Forceps," giving the conclusions obtained from his experience in using forceps.

The next paper was that of Dr. Geo. S. Brown, of Birmingham, which was certainly, from both the practical and the scientific viewpoints, a most interesting and instructive one. The subject was "Pathology of the Healing of Ulcers." The author dealt carefully with the facts regarding the repair and regeneration of the various layers of the skin, and showed some of the causes which kept large surfaces denuded of skin from healing. He went into the consideration of the various methods of skin-grafting (not so much from a surgical as from a pathologic standpoint), and briefly cited out the good and bad points in each. He has been using, in several cases of chronic ulcers, resulting from burns and other causes, grafts which consisted of the whole thickness of the skin. These were stitched to the skin around the edges of the ulcer, and the results have been very favorable. The discussion was full and broad.

Dr. J. H. Edwards, of Wylam, read a paper on "Pneumonia in Pregnancy," and reported four cases. The use of hypodermoclysis was highly recommended. The discussion dealt mainly with the use of saline

infusions in pneumonia, and in all other conditions of toxemia, shock, etc.

Dr. W. H. Saunders was too busy to read his paper, and he was unanimously "given leave to print."

A most interesting paper was read by Dr. U. J. W. Peters, of Birmingham, on "Nephrolithiasis." The author gave the subject an exhaustive treatment and reported an interesting case of multiple stones in the kidney, which was operated upon, with subsequent nephrectomy, and removal of stone from other kidney, with recovery. He went fully into the diagnosis, especially urging necessity of most careful and thorough uninary examination. The discussion was interesting.

At the night session, Dr. S. G. Gay, of Selma, read a paper on the interesting subject, "Cocaine Anæsthesia by Lumbar Puncture." This was a practical review or abstract of the author's experience, and excited considerable discussion.

Dr. Fonde, of Mobile, having arrived, was allowed to present his paper out of its regular order. The subject, "The Microscope in the Hands of the General Practitioner," was ably considered. The author pointed out the great value of the use of the microscope in many different classes of cases, and reported numerous instances in which the therapy and advice had been changed as a result of a careful microscopic examination. The paper was largely discussed.

The last paper presented to the association was that of Dr. W. H. Hudson, of LaFayette, on the subject, 'Actinomycosis." This rare affection, the author pointed out, occurred not as infrequently as has usually been believed. He reported some cases which had come under his observation, with the treatment of same.

Friday, the last day of the meeting, was used up in the consideration of the annual report of the Board of Censors, and the election and installation of new officers. The reader must be referred to the Transactions for the board's report. The officers will be mentioned elsewhere in this issue.

The next session will be held in Birmingham, April, 1902.

After passing votes of thanks to the Selma physicians, the Y. M. C. A., the ladies who gave flowers, and throwing a few bouquets at itself, the association adjourned sine die.

JEFFERSON COUNTY MEDICAL SOCIETY.

Stated Meeting. Dr. W. E. B. Davis, President, in Chair; Dr. Edgar A. Jones, Secretary.

At the meeting of the Jefferson County Medical Society, on April 22, 1901, Dr. W. P. McAdory read a paper on "Sutures," in which he considered the subject very carefully from all sides. He advocated

the use of absorbable suture material in all cases where the sutures were to be buried, and the field was sterile. Silk frequently causes trouble after remaining quietly in the tissues for a long time. Surgeons frequently infect catgut and other sutures and ligatures by handling at time of operation. Cumolized and chromicized gut were freely recommended, as was also formaldehyde gut. In discussing the paper, Dr. Rogers emphasized the point that the suture material is frequently infected in the process of threading needles, especially when the bare hands and uncovered nails are used.

Catgut treated for twenty-four hours with formaldehyde 1.10-12 can be boiled fifteen or twenty minutes.

Dr. Gibson spoke of the use of Crede's silver salts (collargolum (?) etc.), in sterilizing catgut. Gut treated with these preparations never caused trouble, and remain in the tissues for from six to eight weeks.

Dr. Mason called attention to the fact that silkworm-gut had almost universally displaced silver wire, and pointed out that the latter frequently cut small sinuses through the tissues when removed on account of sharp points on the end of the wire.

Dr. Tally said there was always considerable difficulty in tracing the source of infection of suture material. In many cases it is probably infected by touching unsterile object at the time of using. He had used silk as a buried suture with very good results, but it occasionally caused trouble late in the operation.

Dr. Wilder mentioned the use of zinc-oxide strips in approximating skin surfaces in operations, and said the rubber gloves gave better results than bare hands in the work of Drs. Bull and Coley.

In closing, Dr. McAdory said that all the formaldehyde should be thoroughly removed from the gut before boiling, or it would become brittle. For buried sutures, as a general rule, non-absorbable material should not be used.

Dr. Parke read a short paper on "Infantile Scurvy," in which he called attention to the comparatively rarity of the disease. The condition is due to improper food, improper feeding, or both. Often very difficulty to diagnosticate between scurvy and purpura hemorrhagica. General anasarca frequently is an early symptom in both conditions.

In the discussion, Drs. McCarty, LeGrande and Wilson emphasized the fact that the food must be properly prepared and properly given. Orange juice should be given in abundance, and used also in every suspected case.

The society adopted the resolution to the effect that every member sixty years of age who had been a member of the society for twenty consecutive years, should be exempt from dues, but entitled to all the privileges of the County and State organizations, the County society assuming all their dues and obligations to the State association.

Abstracts.

The Medical Treatment During the Adolescent Period.

By Edwin Rosenthal, M. D., Philadelphia,

Chairman of the Section on Diseases of Children of the American Medical Asscciation; Pediatrist to the Franklin Free Dispensary, etc.

The adolescent period in the female may be said to be as critical as the menopause, and by reason of the methods of our education may be said to be one of the best known conditions universally recognized, and, as such, the common property, not only of the profession, but also of the laity. For this reason, it is not an uncommon fact to witness, not only the diagnosis of this condition being made by the "officious meddler," but also treatment. And it is very often, when such treatments have failed, that the patient is brought to the doctor. In such instances great care and discernment must be the weapons of the doctor, for it will be noted that recourse to all the old well-known remedies had been applied before further advice is sought. The commonest symptoms that presents itself is the one that refers to the menstruation. And it is in all probability that this disordered condition is the most conspicuous factor that needs correction.

Two classes of cases are most numerous, and may be divided into: 1st. That class that has never menstruated, and 2d. That class, that may have begun, shown a very slight discharge at infrequent intervals —once in six or nine months—but which has never grown to an extent at any time that may be termed a normal flood. The history of these cases are very generally of the same character, and may be briefly summarized: Digestive disorders, headaches, languor, flushing, sensations of fulness in the abdomen, disturbed or unnatural sleep, or sleepy conditions during the daytime; often some cutaneous affection—acne the most common. Whilst the symptoms may be present in some, frequently only part of them may be present in certain cases, as the skin affection. During the period that should be termed the "menstrual" period the symptoms are generally aggravated. If the "acne" be present, at this time, a fresh crop of pimples appear, and thus can be noted other symptoms.

In all cases of menstrual disorders in the young, the cause must be sought for, and if found corrected. This of certainty directs the treatment. In cases where the menstruation has never appeared, it should always be a certain rule to have the sufferer examined by the mother. In quite a number of instances, anatomical reasons have shown the rea-

son. In four cases an "impervious hymen" was the cause. In two cases the "uterus" became the receptacle, and contained the result of numerous menstruations, becoming enlarged even above the public bones; the cervix being impervious. In several instances there was an entire absence of the uterus and ovaries. This I noted in two cases, both married, and were examined for the reason. In one case, an otherwise well developed young woman, age 21, there was an absence of a vagina. Such cases as thus enumerated, nothing can be done in the line of medication, but judicious surgical procedures may in indicated cases (impervious hymen or cervix) make a cure. Where, however, no necessary organs exist, nothing can be done, except such rules, as the regulation of the bowels, etc., at stated intervals, give much relief to the frequently present nervous symptoms. Where, however, no anatomical reasons exist, and the patient suffers from suppression of the menstruation, entire or in part, much can be done to aid a cure.

The question of age frequently enters as an answer to results. We have with us such a conglomeration of different nationalities, that the "age" question is a very vital one. Inasmuch, as frequently, the treatment of menstrual disorders may be wrongly applied, as an example: To attempt treatment of a girl of 13 or 14 years, when her mother only began menstruation at 12 years. Experience has taught me that girls born in warmer countries, or descending from such parentage, begin to menstruate much earlier than those of colder climes. For instance, girls from Italy or Cuba begin at 12 or 13, where those from Norway or Sweden begin at 15 or 16 years. Again, in races I have seen some surprising differences. The colored race have presented a girl of 10 years, and often I have seen girls of Russian-Jewish parentage begin at 10 or 11 years. So that the question of age should always enter into the treatment.

Whilst the most common symptoms of disordered menstruation is "anæmia" and as the better known "chlorosis," or vulgarly "green-sickness," its absence need not preclude the use of the most common of all remedies—iron. Anæmia alone may be the cause of suppressed menstruation, and while its presence may be looked upon as a certain cause, its treatment is as essential for the appearance of the menstruation as it should be for the general health of the patient. That anæmia in girls is most frequently found at this time leads to the common belief that anæmia, green-sickness, or whatever name this blood condition may receive, is the chief factor in menstrual disorders.

The treatment of such conditions are numerous, and should divide itself into the causative factor first, and then, after this has been relieved, to the specific symptom. In other words, it will be wrong to attempt by the use of specific remedies the appearance of the menstrua-

tion, if the physical condition of the patient is such that should not permit it.

Besides the condition of the blood as a cause of suppressed menstruation, other well-known conditions equally play a prominent part. Even if the patient should suffer from such diseases (tuberculosis as an example) the presence of a menstrual flow has such an encouraging influence upon the mind of the sufferer, that some attempt should be made, and as the method pursued by myself for many years can only be of benefit, such conditions are not contra-indications for its use.

Iron is the chief remedy in menstrual disorders, and may be given at all times—before, after and during the flow. A certain time of the life of the patient should be set apart for active and specific treatment. The time chosen should be when the symptoms are most aggravated. The days, one, two or three, should be set apart, and our treatment should always culminate to this period. If we fail at the one, then we should begin again, and pursue our treatment until the second period, when the specific method should again be applied, and thus on. Even if failure should mar the first, second, or even the fifth period, the menstruation will appear, if the treatment be applied in a rational way.

Between the periods I always order the use of iron in three or four daily doses. I have used all forms and varieties, from the tincture of the chloride, which is so often objected to, to the different kinds the Pharmacopœia presents, in pill form, as the Blaud pill, simple or modified. My experience brings me back to Gude's Pepto-Mangan. Gude's Pepto-Mangan is now the most common in use, and there are so very many similar preparations in the apothecaries that care should be exercised in obtaining the genuine. I have a simple way of distinction. I always order Gude's Pepto-Mangan given with milk. If the mixture is clean, uncoagulated and palatable, then I know my patient has received what I ordered. For a further distinction, I invariably place on my prescription the name "Gude." My reasons are these: So very many so-called similar products are on the market that are inferior, and in a measure do not act in a manner you wish, clinically as well as physically. For my own defense, as I have been so frequently disappointed, I detect the fraud of substitution by mixing with liquids, especially milk; the "Gude" preparation always gives the palatable mixture.

I order of this preparation a teaspoonful in a wineglassful of milk every three or four hours, depending upon the patient's condition. If she be very anæmic, and with this very nervous, I place her upon the milk diet, and by the addition of Gude's Pepto-Mangan I reach my object, giving the food as well as the medicine. I increase the dose until a tablespoonful, three or four times daily. This treatment is kept up, and even continued through each period, until the purpose is ob-

tained, perfect health, as regards not only the menstrual flow, but also the general physical condition.

Medical treatment is never sufficient in these class of cases, and failure is apt to result if no attention is given to other conditions; the very common class, the school girl who desires to reach the head of her class, or who studies for a prize or the like. Take the following case:

Case I.—E. L., age 17 years; large in growth, over 5 feet 8 inches; reddish hair. A student of the Girls' Normal School, preparing for the teacher's certificate, which required two more years of study after the graduation. Complains of constipation and headache. Has acne on each cheek. Has occasional headache, and has an occasional attack of "nervousness," crying, etc. Her menstruation is scant, very irregular, and when it does appear, not more than one day, or probably one-half the next. Appetite erratic, though spoilt by the method of eating, as buns or cake or pie for lunch, whilst the breakfast, hurriedly eaten, was only a cup of coffee, or a roll. Her main food was the "supper-dinner," when she was "too tired or too long hungered" to eat. Once or twice I was called to quiet an hysterical attack. In this case the pimples were the bane of the young lady's life, and while she was not anæmic in any sense, I placed her upon the (Gude's) Pepto-Mangan, telling my patient this medicine was for the pimples, and that I left the further treatment in her hands. This with purgative pills of aloin with nux vomica was the whole treatment. Vanity came to my assistance, as my patient desired to be rid of the eruption. Persistent use of the iron was the only medicine used, and whilst the schooling was persisted in, she passed through the period, and eventually recovered.

The second case is one that is too frequently met with, the child of the poor, who is sent too early to the "mill" or "store," and who has never been taught the commonest rules of hygiene; the girl who spends her time in work, and whose only outing, a dance or picnic, is equally as hard work.

Case II.—Age 14 years. Attended school until 12 years, and then became a cash-girl in a department store. Rather large for her age. Flabby built, and of a distinct pallor. Complains of obstinate headache, relieved by the so-called bromos; indigestion, languor, sleepy during day-time, and at night a sleep that was heavy, unnatural, and disturbed by dreams; at intervals flushing with sensations of chilliness. Menstruation scanty, probably a half of one day, and very light in color. In this case work was a necessity, and even proper food could not be obtained. However, milk was the easiest and cheapest food, and from one to two quarts daily was the constant supply. To this food I added a teaspoonful of the Gude's Pepto-Mangan at each glassful, once every three hours, increasing until a tablespoonful dose was attained. This, with a purgative pill (the compound rhubarb pill of the Pharmacopœia),

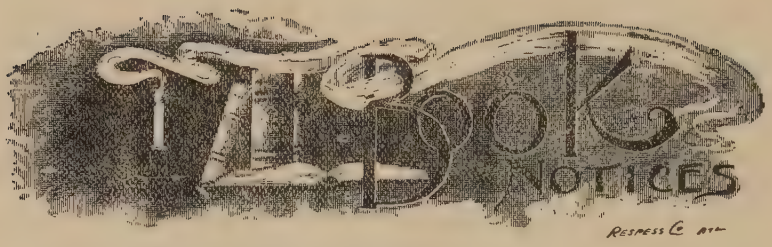
was the treatment persisted in through the winter months, and during the following summer months a vacation of two weeks was obtained, and the patient sent to the seashore by one of our charitable institutions. This patient was convinced of the utility of this method of treatment, as I found the following winter the same course was followed with a gratifying result, preventing any loss of time by reason of illness or otherwise.

I have also met with cases that the menstrual period came on correctly at a certain age, and continued so or a year or two, when, for some unknown reason, there was total suppression. There was no history of tubercular disease, nor could I obtain any certain cause. In one case marriage was undertaken as a hope for cure. This patient, aged 18 years, came to me with the following history:

Case III.—Mrs. B.; began menstruation at the age of 13 years; regular intervals until 15 years, when the flow became scanty and scantier until only a half day, and then entirely disappeared. She had not seen a flow for two years. Examination revealed the uterus two inches in length, somewhat anteflexed. The ovaries on each side could be felt, the size of an almond; the tubes could also be felt. The patient had been under the care of many physicians, and had had several operations, even a laparotomy, for the abdominal scar was visible. Nothing had been removed, she assured me, and the examination showed this also. Dilatation of the uterus had been performed, as well as curettement, for what I was not informed. She had also undergone electrical treatment. I treated this patient constantly for six months before a flow of blood was in evidence. My sole treatment was the internal use of the Pepto-Mangan (Gude's) in tablespoonful doses in milk, and the use of a stem pessary for a period of nine months. After this time an examination revealed the uterus two and one-half inches in length, larger in size. The tubes could be felt, and the ovaries on either side somewhat larger. Monthly flows have now been the rule for the last three months. This patient is still under treatment, and whilst the iron is still persisted in, the result of the treatment is uncertain. I am firmly persuaded that many cases can be benefited by a correct application of our remedies, and when applied for a certain purpose.

This last patient appeared hopeless, and at the start I had little hope myself that much could be looked for. It appeared as a case of early menopause. I have seen such cases, with atrophy of the organs. Here, however, this was stopped, and I have still hope of seeing further improvement.

I have seen such good results in the use of Gude's Pepto-Mangan in septic diseases that I have applied it fearlessly in other conditions. None give better promise than those conditions that are coupled with the menstrual flow, especially when seen at the adolescent period.



INTERNATIONAL CLINICS. A Quarterly of Clinical Lectures and Especially Prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pediatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose and Throat, and Other Topics of Interest to Students and Practitioners; by Leading Members of the Medical Profession Throughout the World. Edited by Henry W. Cattell, A. M., M. D., Philadelphia, U. S. A. With the Collaboration of John B. Murphy, M. D., of Chicago; Alexander D. Blackader, M. D., of Montreal; H. C. Wood, M. D., of Philadelphia; T. M. Rotch, M. D., of Boston; E. Landolt,, M. D., of Paris; Thomas G. Morton, M. D., Charles H. Reed, of Philadelphia; J. W. Ballantyne, M. D., of Edinburgh, and John Harold, M. D., of London, with regular Correspondents in Montreal, London, Paris, Leipsic and Vienna. Volume IV, Tenth Series, 1901. Philadelphia: J. B. Lippincott Company, 1901. Pages 312.

The Quarterly Clinics are greatly appreciated by the profession in Alabama, and the present volume contains a vast amount of the most reliable matter on important medical subjects, beginning with a very interesting article from Dr. H. C. Wood on "The United States Pharmacopœia," and concluding with an article by Henry W. Cattell on "The Etiology and Morbid Anatomy of Various Diseases." This is one of the very best volumes yet published.

OBSTETRIC AND GYNECOLOGIC NURSING. By E. P. Davis, A. M., M. D., Professor of Obstetrics in Jefferson Medical College and Philadelphia Polyclinic. 12mo, volume of 402 pages, fully illustrated. Philadelphia and London: W. B. Saunders & Co., 1901. Price, $1.75 net.

Prof. Davis, in his introduction to the book, clearly sets forth the object and aim of the work. Every physician and nurse who reads the

introductory will be convinced of the importance of the subjects treated. An exchange, the New York Times, has well said:

"This volume is designed to furnish instruction as to the various duties of the obstetric and gynecologic nurse. Obstetric nursing demands some knowledge of natural pregnancy, and of the signs of accidents and diseases which may occur during pregnancy. It also requires knowledge and experience in the care of the patient during the labor, and her complete recovery, with the needs of her child. The obstetric nurse must also know how to help patient and doctor in the accidents and complications of labor, and has an important part to play in caring for mother and child in the diseases which occasionally attack them during the puerperal period. Gynecologic nursing requires special instruction and training, and a thorough knowledge and drill in asepsis and antisepsis are absolutely indispensable."

THE INTERNATIONAL MEDICAL ANNUAL. A Year-Book of Treatment and Practitioner's Index. Contributors: Robt. Abbee, A. B., M. D.; Herbert W. Allingham, F. R. C. S.; Prof. Ed. A. Ayers, A. H., M. D.; Jas. Cantile, M. A., M. B., F. R. C. S.; Prof. A. H. Carter, M. D., F. R. V. P.; Prof. Hy. D. Chapin, M. A., M. D.; F. Richardson Cross, M. B., F. R. C. S.; F. W. Eldridge-Green, M. D.; E. Hurry Fenwick, F. R. C. S.; T. Colcott Fox, B. A., F. R. C. P.; H. Bellamy Gardner, M. R. C. S, L. R. C. P.; A. E. Giles, B. S. C., M. D., F. R. C. S., Edw. W. Goodall, M. D.; J. Dundas Grant, M. A., M. D.; Prof. G. M. Hammond, A. M., M. D.; Robert Jones, F. R. C. S.; Priestly Leech, M. D., F. R. C. S.; Prof. Henry P. Loomis, M. D.; Prof. Joseph McFarland, M. D.; John Macintyre, M. B., C. M.; Chas. F. Marshall, M. D., F. R. C. S.; Wm. Milligan, M. D.; Keith W. Monsarrat, F. R. C. P.; Jos. Priestly, B. A., M. D., D. P. H.; Boardman Reed, M. D.; Prof. C. Ruata; Prof. Robt. Soundby, M. D., F. R. C. P.; W. Scott Schley, A. B., M. D.; James Shaw, M. D.; Walter G. Spencer, F. R. C. S.; A. H. Tubby, M. S., M. B.; Joseph G. Turner, F. R. C. S., L. D. S.; J. W. Thompson Walker, M. B., F. R. C. S. 1901. Nineteenth year. E. B. Treat & Co., New York: 241-243 W. 23d street, Chicago: 199 Clark street. Price, $3.00.

The contributors to this volume of the Annual is a guarantee of its excellence. As a reference book, it is one of the very best. Much care has been given to the culling from the very best and most reliable medical and surgical literature. The book is well illustrated, the print is clear and the general make-up is first-class. It is a very valuable book for the busy practitioner.

PULMONARY CONSUMPTION, PNEUMONIA, AND ALLIED DISEASES OF THE LUNGS. Their Etiology, Pathology and Treatment, with a chapter on Physical Diagnosis. By Thomas J. Mays, M. D., Professor of Diseases of the Chest in the Philadelphia Polyclinic; Visiting Physician to Rush Hospital for Consumption. Illustrated. Price, $3.00. E. B. Treat & Co., New York: 241-243 W. 23d street.

So much is being written on the subject of tuberculosis we are convinced that of all the diseases which are prevalent, none are given more thoughtful consideration than is that of consumption. For the past three or four years interesting papers have been read at our State Medical Association, and the subject of prevention and treatment of this disease has been considered by many of our most careful investigators. The book by Dr. May covers all the ground and shows that the writer has given time and thought in the investigation of the diseases, and every doctor who is interested in the subject should have the book. The author calls attention to the value of silver nitrate in the treatment, using it as a counter-irritant, introduced hypodermically over the vagi in the neck. In the treatment of acute pneumonia, ice is recommended, and has proven to be a very efficacious agent. The work is well illustrated. The print is good; in fact, the make-up of the book is first-class in every particular.

THE FEEDING OF INFANTS—HOME GUIDE FOR MODIFYING MILK. By Joseph E. Winters, M. D., Professor of Diseases of Children, Cornell University Medical College. Published by E. P. Dutton & Co., 31 West 23d street, New York. Price, 50c.

This book contains, in a very condensed form, many of the essential points necessary to be understood by the physician, the nurse and the mother, in infant feeding. It is worth many times the price.

THE HISTORY OF MEDICINE IN THE UNITED STATES. A Collection of Facts and Documents Relating to the History of Medical Science in this Country, from the Earliest English Colonization to the Year 1800; with a Supplemental Chapter on the Discovery of Anesthesia. By Francis Randolph Packard, M. D., of Philadelphia. Octavo. Cloth, gilt top, deckle edges. 526 pages. 25 full-page illustrations. J. B. Lippincott Company, Publishers, Philadelphia. Price, $4.00 net.

We took occasion to call attention to this very interesting and excellent book in the March number of the Journal. Every doctor in

America should be interested in this work, and we especially call the attention of the physicians in Alabama to it, feeling quite sure that every one who reads the book will find it to be a fair, honest and up-to-date resume of medical history in this country.

DISEASES OF THE NOSE AND THROAT. By D. Braden Kyle, M. D., Clinical Professor of Laryngology and Rhinology, Jefferson Medical College, Philadelphia; Consulting Larynologist, Rhinologist, and Otologist, St. Agnes' Hospital. Second Edition, Revised. Octavo, 646 pages; over 150 illustrations and 6 lithographic plates. Philadelphia and London, W. B. Saunders & Co., 1901. Cloth, $4.00 net.

The first edition of this work was exhausted in less than a year. The author has accordingly taken the opportunity of thoroughly revising the book and bringing the subject matter absolutely down to date. The work presents the subject of Diseases of the Nose and Throat in as concise a manner as is consistent with clearness, keeping in mind the needs of the student and general practitioner, as well as those of the specialist. The illustrations are particularly fine, being chiefly original. With the practical purpose of the book in mind, extended consideration has been given to details of treatment, each disease being considered in full, and definite courses being laid down to meet special conditions and symptoms.

OBSTETRIC CLINIC. By Denslow Lewis, Ph. C., M. D., Professor of Gynecology in the Chicago Policlinic; President of the Attending Staff of Cook County Hospital, Chicago; President of the Chicago Medical Examiners' Association; Vice President of the Illinois State Medical Society; Ex-President of the Physicians' Club of Chicago; Consulting Obstetrician to the Florence Nightingale Home; Senior Gynecologist and Obstetrician to the Lakeside Hospital, Chicago; Late Special Commissioner from the Illinois State Board of Health and the Health Department of Chicago for the Investigation of Municipal Sanitation in European Cities.

A series of 39 clinical lectures on practical obstetrics delivered to the students and practitioners in Cook County Hospital, Chicago. Together with remarks on criminal abortion, infanticide, illegitimacy, the restriction of venereal diseases, the regulation of prostitution and other medico-sociologic topics. Octavo, 640 pages. Price, $3.00. E. H. Colegrove, 65 Randolph street, Chicago.

RHINOLOGY, LARYNGOLOGY AND OTOLOGY, AND THEIR SIGNIFICANCE IN GENERAL MEDICINE. By E. P. Friedrich, M. D., Puradocent at the University of Leipsig. Edited by H. Holbrook Curtis, M. D., New York. W. B. Saunders & Co., Philadelphia. Price $3.00.

It is very refreshing to one accustomed to reading and reviewing the text-books "written for the student and general practitioner" to read a book like this one written for the specialist, by a specialist of long and wide experience, careful and painstaking. It covers the disease mentioned in its text from skin to bone, beginning at the fountain head from which all the streams flow to make up the broad current of modern medical literature and ending where the disease or its complications come under the observation of the Oto-Laryngologist. The chapters devoted to the exanthemata and their sequelæ, tuberculosis, and nervous disease contains a vast amount of interesting and new material. The data is good throughout the book, the references are many and well chosen. Here possibly comes the only fault with the book. Like most European authors, he does not give much space or credit to American investigators, but prefers those around his own vine and fig tree. Solis-Cohen and Myles are about the only Americans referred to. The book is full of virtue, deserves and will no doubt attain a large American circulation. Stubbs.

CHRISTIAN SCIENTISTS NOT INSURABLE.

In the July issue of the Journal the fact was noted that the fraternal beneficial organization known as the Knights of Honor had ruled that persons believing in the doctrines of so-called "Christian Science" would not thereafter be received into membership. This action was taken because it was seen to be reasonable not to take any risks upon the lives of persons who refuse to avail themselves of the accumulated knowledge of medical science when they are ill. It is now learned that one of the greatest and most conservative life insurance companies in the world, the Mutual Life Insurance Company of New York, without making any parade of the matter refuses to issue policies upon the lives of "Christian Scientists." These facts are not noted to give these oragnizations credit for doing that which common sense and good business policy suggests, but to show the very fact that, viewed from the commercial standpoint, the "Christian Scientist" and faith curist are recognized as persons who do not take average care of their lives. For insurance purposes they are being classed along with habitual drinkers and with those who follow hazardous occupations.—Cleveland Jour. of Medicine.